

Advisors – Underwriting guidelines

About this guide

The following *Underwriting guidelines* aim to provide an overview of which information could be required and what the underwriting decision may be for different medical and non-medical conditions. It is therefore a reference tool which will help you better prepare your clients, particularly when a rating may be applicable.

It is understood that the “*probable decisions*” which are indicated in these guidelines are **only preliminary estimates and do not bind Beneva Inc. in any way**. In fact, all final decisions are based on a complete assessment of the file (in accordance with the underwriting standards in effect). As such, the complete assessment of the file must start with a duly completed insurance application submitted to Beneva Inc.

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Beneva's process for trial applications

1. What is a trial (preliminary) application?

It is an application submitted on a preliminary basis to determine the eligibility of the proposed insured before ordering the underwriting evidence for age and amount.

2. When should a trial application be sent to Beneva?

On the basis of age: age 76 and over

For a special medical condition or when it is uncertain if a client is insurable, please refer to the medical conditions described in the following pages first.

3. How to complete a trial application

It should be completed like a regular application. Medical and non-medical sections should be filled out, including full contact information for the attending physician.

* The Underwriting department will order the attending physician report.

4. Communication of case decisions

Underwriting will either accept and make a tentative offer (standard or substandard, subject to age and amount requirements), decline or postpone the application.

A clear message will be sent to the MGA through Underwriting Pro/Lifesuite and a letter will be sent to the client if the decision is to decline or postpone.

5. When should the requirements for age and amount be ordered

Only after receiving the tentative offer **by Underwriting**. Regular age and amount requirements can then be ordered by the MGA to finalize the analysis.

6. MIB search and MIB coding

Regardless of the final decision, Underwriting will search MIB (as done with any regular application) and code to MIB any medical or non-medical facts that would influence the decision, as laid out by MIB rules.

Please note that MIB coding is in regard to medical and non-medical conditions and not the Underwriting decision.

Probable decision of the underwriter

Medical conditions	Information to speed up the underwriting process	Requirement	Life insurance	Disability insurance	Critical illness insurance
Anxiety/Panic attacks	Date of diagnosis Medication Symptoms Recurrence Time off work Activity limitation	Mental health disorder questionnaire	No or limited social impairment, stable employment, limited time off work in the last 12 months: standard Otherwise: postpone	Depending on the severity: If symptoms are still present: exclusion to decline If symptoms are fully resolved with or without treatment: standard to exclusion	No or limited social impairment, stable employment, limited time off work in the last 12 months: standard
Arthritis Juvenile Psoriatic Rheumatoid Ankylosing spondylitis	Name and address of the physician with the complete medical file Activity limitation Time off work Prescribed medication and treatments Date of diagnosis Frequency of flare-ups	Attending physician statement (APS)	Juvenile: symptomatic: postpone Otherwise: depends on the information received in the APS Psoriatic: Mild/moderate: standard Severe: +50 Rheumatoid: Active/symptomatic: +50 to +150 depending on the severity Inactive/remission: depending on the time elapsed since remission from standard to +50 Ankylosing spondylitis: Active/symptomatic: standard to +150 depending on the severity. Inactive/remission: depending on the time elapsed since remission: If mild/moderate: standard to +75 If severe: +75 to +150	Juvenile: symptomatic: decline Otherwise: depends on the information received in the APS Psoriatic: Mild/moderate: exclusion with rating of +25 to +50 possible based on types of professional tasks Severe: decline Possibility of limiting the duration of the disability to 2 or 5 years Rheumatoid: Active/symptomatic: exclusion with rating of +50 to decline based on the severity and types of professional tasks Inactive/remission: depending on the time elapsed since remission. Exclusion with rating of +25 to +75 Severe: decline Ankylosing spondylitis: If mild/moderate: exclusion with rating of +25 to +50 . Possibility of limiting the duration of the disability to 2 or 5 years based on types of professional tasks. If severe: decline	Juvenile, psoriatic and rheumatoid: Mild/moderate: standard to +50 Severe: minimum rating of +100 with exclusion Ankylosing spondylitis: depending on the severity: minimum rating of +50 and possibility of exclusion
Asthma	Name and address of the physician with the complete medical file Provide date of diagnosis and latest flare-up in addition to frequency of flare-ups Hospitalization Activity limitation Prescribed medication and frequency of use Time off work Use of tobacco products Presence of symptoms such as wheezing, coughing or shortness of breath	Questionnaire Respiratory disorders and sleep apnea or Attending physician statement (APS) possible.	Intermittent, mild or moderate: standard Severe: +75 to decline.	Intermittent, mild or moderate: standard to +50 Severe: +100 to decline.	Juvenile: Under age 3: postpone Age 3 and over: mild: standard to postpone. Moderate or severe: decline. Adult: Mild/moderate: standard to +50 Severe: decline

Probable decision of the underwriter

Medical conditions	Information to speed up the underwriting process	Requirement	Life insurance	Disability insurance	Critical illness insurance
Atrial fibrillation	Name and address of the physician with the complete medical file Medication Frequency of episodes	Attending physician statement (APS)	<u>History</u> Single episode > 1 year With complete cardiac investigation and no known cause: standard <u>Currently</u> Intermittent: less than 3 episodes/year 6 months after initial diagnosis: +50 to +75 based on age. Constant, more than 3 episodes per year: 6 months after initial diagnosis: +50 to +125 based on age.	<u>History</u> Single episode > 1 year With complete cardiac investigation and no known cause: standard <u>Currently</u> Intermittent/less than 3 episodes per year : 6 months after initial diagnosis: +50 to +75 based on age. Constant, more than 3 episodes per year: decline	<u>Single episode or less than 3 episodes in the last year with a complete cardiac investigation and no found cause</u> 0 to 1 year: +100 no anticoagulant or +50 with treatment After: +75 no anticoagulant or +50 with treatment. <u>Constant, more than 3 episodes per year, with a complete cardiac investigation and no found cause</u> Without anticoagulant treatment: decline With anticoagulant treatment: +50 With underlying illness or cardiovascular disorders: decline
Attention deficit disorder (adults/ children)	Date of diagnosis With or without hyperactivity With complications: Nervous disorder: anxiety, depression, personality disorder Medication History of substance abuse	Mental health, behavioural or developmental disorder questionnaire Attending physician statement (APS) possible	age ≤ 4 years: postpone > 4 years : Stable at school or work, favorable behavior and treatment compliance if required: standard Otherwise: usually decline	≥ 18 years and stable employment: ≤ 3 years since diagnosis or last symptoms : exclusion then: standard Unstable employment and condition not well controlled: decline	<u>In adults: standard</u> <u>In children:</u> No complications, with normal development: standard Otherwise: postpone until age 18
Autism (autism spectrumer disorders)	Name and address of the physician with the complete medical file Prescribed medication	Attending physician statement (APS)	< age 8: decline > age 8: diagnosis less than 1 year: postpone Then possibility of offer based on level of autonomy Severe form: decline	< age 18: postpone > age 18: Between 1 and 3 years post diagnosis: postpone based on level of severity Thereafter: exclusion with possibility of rating of +50 Severe form: decline	< age 18: decline > age 18: standard offer possible if autonomous, well-adjusted, with satisfactory control and treatment compliance.
Bariatric surgery	Name and address of the physician with the complete medical file Date of surgery Complications Weight before and after surgery	Not applicable	> 6 months after surgery: rating according to height and weight	> 12 months after surgery: rating according to height and weight	> 6 months after surgery: rating according to height and weight

Probable decision of the underwriter

Medical conditions	Information to speed up the underwriting process	Requirement	Life insurance	Disability insurance	Critical illness insurance
Barrett's esophagus	Name and address of the physician with the complete medical file Treatment Lifestyle changes	Attending physician statement (APS)	<u>Low-grade dysplasia:</u> under surveillance with endoscopy performed within the last 12 months, stable and asymptomatic: +50 Otherwise: postpone Treated with surgery less than 12 months ago: +50 . Otherwise: standard to +50 <u>High-grade dysplasia:</u> Between 5 and 8 years after the treatment: \$7/thousand Between 8 to 10 years: \$5/thousand After: standard	<u>Low-grade dysplasia:</u> Under surveillance with endoscopy performed within the last 12 months, stable and asymptomatic: exclusion Otherwise: postpone Treated with surgery less than 12 months ago: exclusion Otherwise: standard to exclusion <u>High-grade dysplasia:</u> decline	Usually decline . Possibility of exclusion in the most favourable cases (low-grade dysplasia).
Bipolar disorder	Date of diagnosis Medication Symptoms Frequency of episodes Date of last episode Recurrence Time off work Activity limitation	Mental health disorder questionnaire Attending physician statement (APS) possible	<u>Stable condition, followed regularly and no change to medication in the last 12 months:</u> < age 25: postpone ≥ 25 years: Based on level of severity, between 3 and 5 years since last episode: +50 to +75 or postpone Then: standard to +100	<u>Stable condition, followed regularly and no change to medication in the last 12 months:</u> < age 25: postpone ≥ 25 years: Based on level of severity, between 3 and 10 years since last episode: postpone Then: exclusion	Single episode with <u>no current symptoms, treatment or medication:</u> standard Otherwise: see multiple episodes <u>Multiple episodes: ongoing treatment, asymptomatic:</u> minimum of +25
Blood cancer (leukemia)	Name and address of the physician with the complete medical file including pathology report Date of diagnosis Type of treatment Date of last treatment Recurrences	Attending physician statement (APS)	Chronic lymphocytic leukemia 3 years after the last treatment: <u>Stage 0:</u> According to age at diagnosis: +150 to +200 <u>Stage 1:</u> According to age at diagnosis: +200 to +300 <u>Stage 2 to 4:</u> Decline Other types of leukemia: probable decline	<u>All stages:</u> Decline	<u>All stages:</u> Decline
Breast cancer	Name and address of the physician with the complete medical file including pathology report Date of diagnosis Type of treatment Date of last treatment Recurrences Provide details on the regularity of follow-ups including the latest follow-up (mammogram)	Attending physician statement (APS)	Treated with surgery or radiotherapy, chemotherapy and/or hormone therapy: <u>Stage 0 (in situ)</u> From standard to +50 according to age at diagnosis. <u>Stage I</u> Postpone 6 months after the last treatment. Then: +50 to +100 and temporary rating of \$4/thousand for 5 years . <u>Stage II</u> Postpone between 2 and 3 years after the last treatment. Then: +75 to +100 and temporary rating of 7 to \$13/thousand for 5 years <u>Stage III A and B</u> Postpone 10 years after the last treatment. Then: +75 to +100 <u>Other stages:</u> decline If recurring: decline	<u>Stage 0 (in situ)</u> Treated with bilateral mastectomy: standard Treated with surgery or radiotherapy and/or hormone therapy: exclusion Other: decline <u>Stage I</u> Postpone 1 year after the last treatment Then: +100 <u>Stage II:</u> Postpone between 6 and 8 years after the last treatment: Then: +100 <u>Stage IIIA and IIIB:</u> Postpone 10 years after the last treatment. Then: +100 <u>Other stages:</u> decline If recurring: decline	<u>All stages</u> Decline

Probable decision of the underwriter

Medical conditions	Information to speed up the underwriting process	Requirement	Life insurance	Disability insurance	Critical illness insurance
Cerebrovascular diseases Transient ischemic attack (TIA) Cerebrovascular accident (CVA) Cerebral aneurysm Subarachnoid hemorrhage (SAH)	Name and address of the physician with the complete medical file Current functional capacity Sequelae Test and follow-up details Prescribed medication Age at diagnosis Use of tobacco products Number of episodes Date of last episode (month/year)	Attending physician statement (APS)	CVA/TIA Between 6 months and 3 years since the last episode: No residual or minimal symptoms: +50 to +200 based on age. Mild: +100 to +300 based on age. Moderate: +125 to postpone based on age. Severe: decline Then: No residual or minimal symptoms: standard to +175 based on age. Mild: +50 to +300 based on age. Moderate: +75 to postpone based on age. Severe: decline The younger the insured person is, the higher the rating will be. More than 1 CVA: postpone one year Then: see above. Subarachnoid hemorrhage <u>Without surgery:</u> Medication only for lesions such as aneurysm, angioma or arteriovenous malformation: Decline <u>With surgery:</u> Aneurysm 6 months after surgery: Single aneurysm: \$1/thousand Multiple aneurysms: \$3/thousand If all aneurysms were not treated or if incomplete: Decline Unruptured intracranial aneurysm Asymptomatic/incidental finding: depending on the size of the aneurysm: \$1 to \$15/thousand or postpone Multiple aneurysms: decline Other lesions: Possibility of offer 6 months after surgery.	CVA/TIA Possibility of offer 2 years after an episode only if caused by oral contraceptives or migraine with complete neurologic recovery: +100 ----- Subarachnoid hemorrhage (Full recovery without residual symptoms) <u>Without surgery:</u> Medication only for aneurysm, angioma or arteriovenous malformation: Decline <u>With surgery:</u> Aneurysm 6 months after surgery: +50 to +100 based on age. If all aneurysms were not treated or if incomplete: decline Unruptured intracranial aneurysm Asymptomatic/incidental finding: depending on the size of the aneurysm: +25 to +100 or decline Multiple aneurysms: decline Other lesions: Possibility of offer 6 months after surgery. Decline is not excluded depending on the type of lesions.	All cases: decline

Probable decision of the underwriter

Medical conditions	Information to speed up the underwriting process	Requirement	Life insurance	Disability insurance	Critical illness insurance
<p>Cervical sprain/ Whiplash</p> <p>Lumbar strain/ Lumbago</p> <p>Herniated disc</p>	<p>Date of diagnosis</p> <p>Frequency of episodes</p> <p>Treatment</p> <p>Time off work</p> <p>Activity limitation</p> <p>Duration of symptoms</p>	<p>Back and neck disorder questionnaire</p>	<p>No limitations: standard</p> <p>Severe case with chronic pain and limitation: standard to +50</p>	<p><u>Symptomatic:</u></p> <p>Mild to moderate case: exclusion</p> <p>Severe case: decline</p> <p><u>Asymptomatic:</u></p> <p>Depending on the time elapsed since last experiencing symptoms and the type of professional tasks:</p> <p>Mild to moderate cases: possibility of standard or exclusion</p> <p>Severe cases: exclusion to decline</p> <p>Pending surgery: postpone</p>	<p>All cases: standard</p>
<p>Chronic Obstructive Pulmonary Disease (COPD)</p> <p>Chronic bronchitis</p> <p>Emphysema</p>	<p>Name and address of the physician with the complete medical file</p> <p>Date of diagnosis</p> <p>Medication</p> <p>Date and result of the last pulmonary function test</p>	<p>Attending physician statement (APS)</p>	<p><u>Non-smoker</u></p> <p>Mild: standard</p> <p>Moderate/severe: minimum +100</p> <p><u>Smoker</u></p> <p>Mild/moderate: minimum +50</p> <p>Severe: decline</p>	<p><u>Non-smoker/Smoker</u></p> <p>Mild: exclusion and possibility of minimal rating of +75</p> <p>Moderate/severe: decline</p>	<p><u>Non-smoker</u></p> <p>Mild/moderate: +25 to +100</p> <p>Severe: decline</p> <p><u>Smoker:</u></p> <p>Mild/moderate: +50 to +125</p> <p>Severe: decline</p>
<p>Colon polyps excised</p>	<p>Name and address of the physician with the complete medical file including pathology report</p> <p>Date and result of last medical colonoscopy</p> <p>Date of next colonoscopy</p> <p>Number of removed polyps</p>		<p>Depending on the type, number and size of the polyps as well as family history of colon cancer:</p> <p>Possibility of standard</p>	<p>Depending on the type, number and size of the polyps as well as family history of colon cancer:</p> <p>Possibility of standard, exclusion or exclusion with rating of +50</p>	<p>Depending on the type, number and size of the polyps as well as family history of colon cancer:</p> <p>Possibility of standard or exclusion</p>
<p>Colorectal cancer</p>	<p>Name and address of the physician with the complete medical file including pathology report</p> <p>Date of diagnosis</p> <p>Type of treatment</p> <p>Date of last treatment</p> <p>Date and result of last medical colonoscopy</p> <p>Date of next colonoscopy</p>	<p>Attending physician statement (APS)</p>	<p><u>Stage 0</u></p> <p>Postpone 1 year after the last treatment</p> <p>Then between standard and +50</p> <p><u>Stage I</u></p> <p>Postpone 1 year after the last treatment</p> <p>Then: temporary rating between 2 and \$4/thousand for 4 years</p> <p><u>Stage II</u></p> <p>Postpone between 3 and 5 years after the last treatment</p> <p>Then: temporary rating between 5 and \$10/thousand for 5 years</p> <p><u>Stage III</u></p> <p>Postpone 5 years after the last treatment</p> <p>Then: temporary rating of \$10/thousand</p> <p><u>Stage IIII: decline</u></p>	<p><u>Stage 0</u></p> <p>Postpone 1 year after the last treatment</p> <p>Then: Exclusion</p> <p><u>Stage I</u></p> <p>Postpone 3 years after the last treatment.</p> <p>Then: Exclusion with rating of +50 to +75</p> <p><u>Stage II</u></p> <p>Postpone 5 years after the last treatment.</p> <p>Then: exclusion with rating of +75 to +100</p> <p><u>Other stages: decline</u></p>	<p><u>All stages</u></p> <p>Decline</p>

Probable decision of the underwriter

Medical conditions	Information to speed up the underwriting process	Requirement	Life insurance	Disability insurance	Critical illness insurance
Coronary artery disease (CAD) Angina Angioplasty Heart attack/myocardial infarction Bypass	Name and address of the physician with the complete medical file Prescribed medication Treatment Current symptoms Severity (Number of affected arteries) Frequency of follow-ups	Attending physician statement (APS)	Angina Insured person < age 35 at diagnosis: decline < 6 months post diagnosis Postpone > 6 months post diagnosis Age 35 to 40: Mild: +100 to +200 Moderate to severe: decline Age 41 to 59: Mild: +75 to +150 Moderate: +150 to +250 Severe: decline Age 60 to 69: Mild: +50 to +100 Moderate: +100 to +200 Severe: +150 to decline ≥ 70 years: decline Angioplasty/heart attack/bypass Insured person < age 30 at diagnosis: decline Coronary artery disease without angiography: Mild: Postpone between 6 and 12 months post diagnosis. Then: Age 35 to 39: +100 to +150 Age 40 to 49: +75 to +125 Age 50 to 59: +50 to +100 Age 60 to 69: +50 to +75 Age 70+: minimum +50 Moderate: Postpone at least 1 year post diagnosis. Then: Age 35-39: minimum +200 Age 40-49: minimum +175 Age 50-59: minimum +150 Age 60-69: minimum +125 Age 70+: minimum +100 Severe: Postpone at least 2 years post diagnosis. Then: Age 35 to 39: decline Age 40 to 49: +250 to decline Age 50 to 59: +200 to decline Age 60 to 69: +175 to decline Age 70+: +150 to decline	All cases: decline	All cases: decline

Probable decision of the underwriter

Medical conditions	Information to speed up the underwriting process	Requirement	Life insurance	Disability insurance	Critical illness insurance
Coronary artery disease (CAD) (cont'd) Angina Angioplasty Heart attack/myocardial infarction Bypass	Name and address of the physician with the complete medical file Prescribed medication Treatment Current symptoms Severity (Number of affected arteries) Frequency of follow-ups	Attending physician statement (APS)	Coronary artery disease without angiography: Postpone at least 3 months post-hospitalization. Mild: Age 30 to 34: +125 to +150 Age 35 to 39: +100 to +125 Age 40 to 49: +75 to +100 Age 50 to 59: +50 to +75 Age 60 to 69: +25 to +50 Age 70+: standard to +50 Moderate: Age 30 to 34: decline Age 35-39: minimum +150 Age 40-49: minimum +125 Age 50-59: minimum +100 Age 60-69: minimum +75 Age 70+: minimum +50 Severe: Age 30 to 34: decline Age 35 to 39: +225 to +275 Age 40 to 49: +200 to +250 Age 50 to 59: +150 to +200 Age 60 to 69: +125 to +175 Age 70+: +100 to +150	All cases: decline	All cases: decline
Diabetes Glucose intolerance Prediabetes Type 1 Type 2	Name and address of the physician with the complete medical file Type of diabetes Date of diagnosis Medication Complications (retinopathy, nephropathy, etc.) Date and result of last blood test	Attending physician statement (APS) possible	With regular follow-ups and treatment compliance, with good control and no complications: Type 1 Insured person's age: Age 6 to 30: +150 to +350 Age 31 to 50: +100 to +250 Age 51 and over: +75 to +150 Type 2 Insured person's age: Age 6 to 30: +100 to +300 Age 31 to 50: standard to +200 Age 51 and over: standard to +100 Glucose intolerance and prediabetes ≤ age 30: +75 > age 30: standard to +50	Type 1 Decline Type 2 < age 40: decline 6 months post diagnosis: according to age and duration: rating between +50 and +75 with limitation of the duration of benefits between 2 and 5 years or decline . Glucose intolerance and prediabetes ≤ age 40: decline 6 months post diagnosis: Age 41 to 64: +25 to +75	Type 1 Decline Type 2 < age 40: decline Between age 40 and 50: < 5 years post diagnosis: +100 to +150 > 15 years post diagnosis: decline > age 50: < 15 years post diagnosis: +50 to +100 > 15 years post diagnosis: decline Glucose intolerance and prediabetes < age 30: decline Age 30 to 50: +75 to +100 > age 50: +25 to +50

Probable decision of the underwriter

Medical conditions	Information to speed up the underwriting process	Requirement	Life insurance	Disability insurance	Critical illness insurance
Epilepsy	Name and address of the physician with the complete medical file Medication Frequency of seizures Date of last seizure Type of seizures (partial or generalized) Test done and results	Attending physician statement (APS)	6 months after initial diagnosis: on antiepileptic treatment: <u>Mild form:</u> standard to +50 <u>Moderate form:</u> +50 to +100 <u>Severe form:</u> consideration based on the medical file. <u>Status epilepticus:</u> (since last seizure) Less than 2 years: postpone After: based on the medical file. standard to +200	<u>One event</u> 12 months since the last seizure: standard to +50. Currently on antiepileptic treatment. <u>Mild form:</u> Postpone 6 months post diagnosis. Then: +25 to +75 <u>Moderate form:</u> Postpone 2 years post diagnosis. Then: +50 to +100 <u>Severe form:</u> decline <u>Status epilepticus:</u> (since last seizure) Less than 5 years: postpone After: based on the medical file.	<u>Generalized seizures</u> No seizures in the last 2 years: +25 6 seizures or less per year: +50 to +75 More than 6 seizures per year: postpone <u>Status epilepticus</u> 1 event < 1 year: postpone > 1 year: +25 to +75 > 1 event: decline
Gestational diabetes	Date of diagnosis Medication Complications Date and result of last blood test	Not applicable	Not pregnant: standard Pregnant: Stable, with good control and no complications: standard Otherwise: postpone	Not pregnant, diabetes resolved: Delivery > 6 months: ≤ age 45: exclusion > age 45: standard Pregnant: postpone	Not pregnant, diabetes resolved: Delivery < 3 months: postpone Delivery > 3 months: standard Pregnant: postpone
Hepatitis A, B or C	Name and address of the physician with the complete medical file Type of hepatitis Date of diagnosis Treatment	Attending physician statement (APS) Recent or up-to-date hepatitis screening	Hepatitis A > 3 months after infection, completely resolved: standard Hepatitis B and C Symptomatic: decline Asymptomatic: depends on liver enzymes level, presence of liver fibrosis and duration of the disease: standard to decline	Hepatitis A > 3 months after infection, completely resolved: standard Hepatitis B and C Symptomatic: decline Asymptomatic: depends on liver enzymes level and presence of liver fibrosis: standard to decline including a limitation of the duration to 2 or 5 years	Hepatitis A Completely resolved: standard Hepatitis B (chronic) Currently under treatment: postpone After: based on laboratory test results: +50 or decline Hepatitis C (chronic) Currently under treatment or ended less than 3 months: Postpone Then: based on laboratory test results and liver biopsy results: exclusion or decline
Hypercholesterolemia	Date of diagnosis Prescribed medication and frequency of use Date of last follow-up and result of the blood test	Not applicable	If compliant to treatment and normal cholesterol level according to age: standard If not: +50 to decline	If compliant to treatment and normal cholesterol level according to age: standard If not: +25 to decline	If compliant to treatment and normal cholesterol level according to age: standard If not: +25 to decline
Hypertension	Date of diagnosis Prescribed medication and frequency of use Control level	Not applicable	Depending on control level: standard to decline	Depending on control level: standard to decline	Depending on control level: standard to decline

Probable decision of the underwriter

Medical conditions	Information to speed up the underwriting process	Requirement	Life insurance	Disability insurance	Critical illness insurance
Inflammatory bowel diseases Ulcerative colitis Irritable bowel syndrome Crohn's disease Proctitis	Name and address of the physician with the complete medical file Frequency of flare-ups Severity (mild, moderate or severe) Prescribed medication and frequency of use Follow-up frequency (colonoscopy) Hospitalization Time off work	Attending physician statement (APS)	Irritable bowel syndrome Standard Ulcerative colitis/Proctitis: <u>Without surgery</u> (stable condition without hospitalization in the past 6 months) Mild: standard Moderate: standard to +100 depending on the time elapsed since the last symptoms. Severe: +50 to +200 depending on the time elapsed since the last symptoms. <u>With surgery</u> without complications > 6 months after surgery: +50 Crohn <u>Medical treatment only</u> Mild: Depending on the time elapsed since the last flare-up: standard to +75 Moderate: Depending on the time elapsed since the last flare-up: standard to +100 Severe: Depending on the time elapsed since the last flare-up: +100 to +200 <u>With surgery</u> without complications Between 6 months and 2 years after surgery: see moderate above After: depending on the severity, see above	Irritable bowel syndrome Mild: standard Moderate: exclusion Severe: +50 and exclusion Crohn/Ulcerative colitis/Proctitis If age at diagnosis was under 16: decline <u>Medical treatment only</u> Mild/moderate: < 2 years since last flare-up: postpone After: exclusion with possibility of rating +50 and reduction of the benefit period to 5 years Severe: < 5 years since last flare-up: postpone After: +50 and exclusion, maximum benefit period 2 years. <u>With surgery</u> without complications > 1 year after surgery: see above depending on severity	Irritable bowel syndrome Standard Ulcerative colitis/Proctitis: <u>medical treatment only</u> Mild: standard Moderate/severe: +25 to +75 and exclusion <u>With surgery without complications</u> > 1 year after surgery: +25 and exclusion Crohn : > 6 months post diagnosis Mild: standard Moderate/severe: +25 to +75 and exclusion
Lung cancer	Name and address of the physician with the complete medical file including pathology report Date of diagnosis Type of treatment Date of last treatment Recurrences Use of tobacco products	Attending physician statement (APS)	Stage 1 Postpone between 5 and 8 years after the last treatment Then: temporary rating of 10 to \$15/thousand for 5 years Other stages: decline	Stage 1A Postpone between 10 and 13 years after the last treatment. Then: possibility of exclusion if respiratory functions are normal. Otherwise: decline Other stages: decline	All stages Decline
Major depression	Date of diagnosis Medication Symptoms Recurrence Time off work Activity limitation	Mental health disorder questionnaire Attending physician statement (APS) possible	If currently on off work: postpone Single episode with no current symptoms, treatment or medication: standard Still under treatment: see multiple episodes <u>Multiple episodes:</u> Full-time return to work for at least 6 months: Good control and symptoms resolved with or without treatment: standard to +100 Otherwise: +100 to decline.	Return to work for at least 6 months Exclusion and rating of +50 with reduction of the benefit period between 2 and 5 years depending on the severity	If currently on off work: postpone Single episode with no current symptoms, treatment or medication: standard Otherwise: see multiple episodes. <u>Multiple episodes:</u> 1 year since last symptoms: standard

Probable decision of the underwriter

Medical conditions	Information to speed up the underwriting process	Requirement	Life insurance	Disability insurance	Critical illness insurance
Multiple sclerosis	Name and address of the physician with the complete medical file Date of diagnosis Activity limitation Assistance for walking	Attending physician statement (APS)	<u>Possible diagnosis</u> 1 flare-up, no lesion, no current neurological abnormalities on magnetic resonance imaging, no family history of multiple sclerosis: standard to +75 <u>Final diagnosis</u> Mild: less than 5 years post diagnosis: +100 After: +50 Moderate: less than 5 years post diagnosis: +150 After: +100 Severe: more than 10 years post diagnosis: +250 Very severe: decline	<u>Possible diagnosis</u> 1 flare-up, no lesion, no current neurological abnormalities on magnetic resonance imaging, no family history of multiple sclerosis: > 3 years since flare-up: exclusion <u>Final diagnosis</u> All cases: decline	All cases: decline
Paralysis Hemiplegia Paraplegia Quadriplegia	Name and address of the physician with the complete medical file Complications	Attending physician statement (APS)	> 1 year post diagnosis: Mild: standard to +50 Moderate: +150 to +200 Severe: decline	All cases: decline	All cases: decline
Parkinson's disease	Name and address of the physician with the complete medical file	Attending physician statement (APS)	Depending on the severity Age at diagnosis < 36: decline Stage 1 and 2: +50 to +100 Stage 3: +75 to +125 Stage 4: +150 to +200 Stage 5 or not controlled: decline	All cases: decline	All cases: decline
Prostate cancer	Name and address of the physician with the complete medical file including pathology report Date of diagnosis Type of treatment Date of last treatment Most recent result of prostate specific antigen (PSA) Recurrences	Attending physician statement (APS)	Adenocarcinoma (completely excised with no recurrence) <u>Stage 1</u> 6 months after the last treatment: standard <u>Stage 2:</u> Postpone 1 year after the last treatment Then standard to +75 <u>Stage 3A:</u> Postpone 5 years after the last treatment. Then +50 to +200 depending on the elapsed time. Other stages: decline	Adenocarcinoma (completely excised with no recurrence) <u>Stage 1</u> > 1 year after the last treatment: exclusion <u>Stage 2</u> > 2 or 3 years after the last treatment: exclusion and +50 to +100 depending on the elapsed time Other stages: decline	<u>Stage T1a, T1b</u> Insured person > age 40 at diagnosis and treated with a total prostatectomy > 10 years after the last treatment: exclusion Insured person < age 40 at diagnosis or not treated with a total prostatectomy: decline <u>Stage > T1b</u> Decline
Pulmonary embolism	Name and address of the physician with the complete medical file Medication Date of diagnosis Recurrence Test done and results Cause, circumstances of event	Attending physician statement (APS)	<u>1 episode, no symptoms</u> > 6 months since episode: standard <u>2 episodes, investigation completed</u> > 1 year since last episode: +50 to +100 <u>3 episodes or more</u> Decline	<u>1 episode completely resolved</u> > 6 months since episode: standard to +50 <u>Multiple episodes</u> Decline	<u>1 episode completely resolved</u> > 3 months since episode: standard <u>Multiple episodes</u> > 1 year since last episode: standard to +75

Probable decision of the underwriter

Medical conditions	Information to speed up the underwriting process	Requirement	Life insurance	Disability insurance	Critical illness insurance
Schizophrenia	Date of diagnosis Medication Symptoms Frequency of episodes Date of last episode Recurrence Time off work Activity limitation	Attending physician statement (APS)	Stable condition, followed regularly and no change to medication in the last 12 months: ≤ 30 years: decline > 30 years Mild or moderate form, between 1 and 3 years since last episode: postpone Then: +50 to +200 Severe form: decline	Stable condition, followed regularly and no change to medication in the last 12 months: ≤ 30 years: decline > 30 years Mild form and 5 years since last episode: postpone Then: exclusion Moderate and severe form: decline	Single episode: > 1 year after the episode: standard to +100 Multiple episodes: decline
Skin cancer Basal cell or squamous cell carcinoma Malignant tumour including melanoma	Name and address of the physician with the complete medical file including pathology report Date of diagnosis Type of treatment Date of last treatment Provide details on the regularity of follow-ups in dermatology Date of last follow-up (month/year) Recurrences	Attending physician statement (APS)	Basal cell or squamous cell carcinoma (fully excised) possibility of standard Malignant tumour including melanoma <u>Stage 0 (in situ)</u> standard 3 months after the last treatment <u>Stage 1:</u> Postpone between 6 months and 2 years after the last treatment. Then: temporary rating of 3 to \$5/thousand <u>Stage 2:</u> Postpone between 4 and 6 years after the last treatment Then: temporary rating of 5 to \$8/thousand <u>Stages 3 and 4: decline</u>	Basal cell or squamous cell carcinoma (fully excised) possibility of standard Malignant tumour including melanoma <u>Stage 0 (in situ)</u> standard 6 months after the last treatment <u>Stage 1</u> Postpone between 1 and 4 years after the last treatment Then: standard. <u>Stage 2</u> Postpone between 4 and 10 years after the last treatment Then: exclusion and +50 <u>Stages 3 and 4: decline</u>	Basal cell (fully excised) 1 occurrence: standard > 1 occurrence: exclusion Treated squamous cell carcinoma in situ: standard Others: between exclusion, rating or decline/postpone <u>Stage 0 or 1A</u> > 2 years after the last treatment: exclusion Other stages or > 1 occurrence: decline
Sleep apnea	Name and address of the physician with the complete medical file Type of sleep apnea: obstructive and/or central Provide date of diagnosis, severity, prescribed treatment and the level of control and compliance with the treatment (if CPAP, number of hours used per night) Specify presence of symptoms such as: Snoring Daytime sleepiness Difficulty concentrating Morning headaches Irritability	Attending physician statement (APS) based on recent type or diagnosis.	If treated: regular use of treatment for at least 6 months and complete resolution of symptoms: standard If untreated: depending on the severity: standard to +150 Possibility of file being postpone if the apnea is severe and untreated	If treated: regular use of treatment for at least 6 months and complete resolution of symptoms: standard If untreated: +50 to +100 for mild to moderate cases. Postpone for severe cases *Possibility of limiting the duration of the disability to 2 years Central or complex apnea: decline	If treated: regular use of treatment for at least 6 months and complete resolution of symptoms: standard for mild to moderate cases If untreated: < 50 years, - Moderate apnea: +75. - Severe apnea: decline ≥ 50 years - Moderate apnea: standard - Severe apnea: +50 Central/mixed apnea: decline
Thrombophlebitis	Date of diagnosis Medication Number of episodes	Not applicable	<u>1 episode</u> No complications: standard With complications: +50 <u>Multiple episodes</u> Minimum of +100	<u>1 episode, completely resolved without complications</u> Between 6 months and 1 year since the episode: minimum rating of +50 After: standard With complications: decline <u>Multiple episodes: Decline</u>	<u>1 episode</u> > 3 months since episode: standard <u>Multiple episodes</u> > 3 months since last episode: standard to +50

Probable decision of the underwriter

Medical conditions	Information to speed up the underwriting process	Requirement	Life insurance	Disability insurance	Critical illness insurance
Thyroid cancer Papillary, follicular or mixed carcinoma	Name and address of the physician with the complete medical file including pathology report Date of diagnosis Type of treatment Date of last treatment Recurrences Date of last follow-up (month/year)	Attending physician statement (APS)	Papillary, follicular, or mixed carcinoma, treated with total or partial thyroidectomy. <i>Insured person < age 55 at diagnosis</i> <u>Stage I</u> 6 months after the last treatment: standard <u>Stage II</u> Postpone 5 years after the last treatment. Then: +50 and temporary rating of \$7/thousand for 5 years. <i>Insured person ≥ age 55 at diagnosis</i> <u>Stage I:</u> 6 months after the treatment: standard <u>Stage II:</u> Postpone 2 years after the last treatment. Then: temporary rating of \$2/thousand for 3 years <u>Stage III</u> Postpone 3 years after the last treatment. Then: temporary rating of \$7/thousand for 5 years <u>Stage IVA</u> 10 years after the last treatment: minimum of +50 Other stages: decline	Papillary, follicular, or mixed carcinoma, treated with total or partial thyroidectomy. <i>Insured person < age 55 at diagnosis</i> <u>Stage I</u> 1 year after the last treatment: Between +50 and/or exclusion to decline. Other stages: decline <i>Insured person ≥ age 55 at diagnosis</i> <u>Stage I:</u> 2 years after the treatment: Exclusion <u>Stage II:</u> T1 and T2 3 year after the last treatment: exclusion T3: decline Other stages: decline	<u>Stage T1, without metastases</u> Postpone 6 months after the last treatment between 6 months to 10 years after last treatment: +25 with exclusion > 10 years after the last treatment: +25 <u>Stage > T1 or metastases</u> Decline

Tuberculosis	Name and address of the physician with the complete medical file Treatment	Attending physician statement (APS)	Active, not treated or under treatment: postpone Pulmonary only; Active, not treated or under treatment since < 3 months: postpone Active, under treatment since > 3 months: +50 Treatment completed with stability since > 3 months: standard Poor response to treatment, abnormal x-ray: decline Other: Treatment completed: < 1 year: +75 to postpone > 1 year: standard to +75	Active, not treated or under treatment: postpone Inactive or latent, including all normal tests since full recovery Standard or exclusion	Active, not treated or under treatment: postpone Treated, no sequelae: standard
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Non-medical conditions

Probable decision of the underwriter

Non-medical conditions	Information to speed up the underwriting process	Requirement	Life insurance	Disability Insurance	Critical illness insurance
Alcohol dependence/ Alcoholism	Not applicable	Alcohol use questionnaire Attending physician report Blood profile	Current consumption, regardless of quantity: decline <u>Abstinence (no current consumption)</u> < 2 years: decline 2 to 5 years: +100 to +200 > 5 years: standard	Current consumption, regardless of quantity: decline <u>Abstinence (no current consumption)</u> < 5 years: decline After: standard	Current consumption, regardless of quantity: decline <u>Abstinence (no current consumption)</u> < 2 years: decline 2 to 5 years: +50 to +150 > 5 years: standard
Aviation: Private, recreational	Not applicable	Aviation questionnaire	Helicopter and fixed-wing aircraft: based on the number of hours per year versus the number of hours of experience: standard to \$4/thousand <u>Student Pilot:</u> 2 or \$3/thousand based on the insured person's age	Helicopter and fixed-wing aircraft: standard <u>Student-Pilot: standard</u>	Helicopter and fixed-wing aircraft: standard to +50 or an exclusion is possible
Car racing	Type of vehicle and race	Automobile racing questionnaire	Standard to exclusion or rating of \$2.50 to \$15/thousand	Exclusion or decline	Standard or exclusion
Climbing and mountaineering	Not applicable	Climbing and mountaineering questionnaire	Indoor climbing: standard Hiking, trailing, trekking : standard Other (rock/ice climbing): exclusion or \$2.50/thousand to decline	Indoor climbing: standard Hiking, trailing, trekking : standard Other (rock/ice climbing): exclusion to decline	Indoor climbing: standard Hiking, trailing, trekking (< 15,000 feet): standard Other (rock/ice climbing): exclusion
Commercial aviation	Not applicable	Aviation questionnaire	Major scheduled commercial carrier: standard Other: 2.50 to \$10/thousand (no exclusions)	See list of eligible occupations	Major scheduled commercial carrier: standard Other: +25 to +100 (no exclusions)
Criminal activities	Date of criminal act Date and duration of the sentence/probation/imprisonment Circumstances surrounding criminal act	Criminal record check could be required	Awaiting trial, sentence or probation not completed: postpone Violent or serious crime: decline <u>Less serious crime (1 offence)</u> < 5 years: decline Thereafter: individual consideration > 1 offence: decline	Awaiting trial, sentence or probation not completed: postpone Violent or serious crime: decline <u>Less serious crime (1 offence)</u> < 5 years: decline Thereafter: individual consideration > 1 offence: decline	Awaiting trial, sentence or probation not completed: postpone <u>Single offence</u> < 2 years: decline > 2 years: individual consideration > 1 offence: decline

Probable decision of the underwriter

Non-medical conditions	Information to speed up the underwriting process	Requirement	Life insurance	Disability Insurance	Critical illness insurance
Driving	<p>Details of all infractions in the last 3 years:</p> <ul style="list-style-type: none"> - Date - Type of infraction (if speeding: number of km/h over limit) <p>Details of all DUIs (driving under influence) in the last 10 years:</p> <ul style="list-style-type: none"> - Date of infraction - Sentence details: date of the sentence, duration of suspension and date of recovery, use of ignition interlock system (IIS) 	Motor vehicle report	<p>1 or 2 minor infractions: standard</p> <p>Other: \$2.50/thousand to decline</p> <p><u>Impaired driving</u></p> <p>1 DUI: standard to \$5/thousand (once the license is reinstated)</p> <p>2 or more DUIs: usually decline, individual consideration possible</p> <p>Note: We cannot consider if client is awaiting a court hearing or if their license is currently suspended</p>	<p>1 or 2 minor infractions per year: standard</p> <p>Other: +50 with limitation of the duration of the benefit between 2 and 5 years maximum to decline</p> <p><u>Impaired driving</u></p> <p>1 DUI:</p> <ul style="list-style-type: none"> < 2 years after suspension (or cessation of the use of an IIS) : decline > 2 years +50 with limitation of the duration of the benefit to 5 years > 5 years: standard <p>2 or more DUIs: possibility of an offer 6 years after the end of the suspension/cessation of an IIS</p> <p>3 or more DUIs: decline</p> <p>Note: We cannot consider if client is awaiting a court hearing or if their license is currently suspended or they are using an IIS</p>	<p>1 or 2 minor infractions per year: standard</p> <p>Other: +25 to decline</p> <p><u>Impaired driving</u></p> <p>1 DUI:</p> <ul style="list-style-type: none"> < 1 year after license is reinstated: +25 to +50 Other: standard to +25 2 or more DUIs: usually decline, individual consideration possible <p>Note: We cannot consider if client is awaiting a court hearing or if their license is currently suspended or they are using an IIS</p>
Drug use	Not applicable	Cannabis and other drug use questionnaire	<p>Hard drugs (cocaine, amphetamines, opiates, hallucinogens and sedatives)</p> <p>Current use: decline</p> <p><u>Total abstinence since</u></p> <ul style="list-style-type: none"> < 3 years: decline 3 to 5 years: +200 5 to 6 years: +150 thereafter: standard to +50 <p>Marijuana</p> <p>Recreational use</p> <p>Mild to moderate: standard to +50</p> <p>Severe: decline</p> <p>If used with tobacco: smoker rate</p>	<p>Hard drugs (cocaine, amphetamines, opiates, hallucinogens and sedatives)</p> <p>Current use: decline</p> <p><u>Total abstinence since</u></p> <ul style="list-style-type: none"> < 7 years: decline 7 to 10 years: +50 with limitation of the duration of the benefit to 5 years > 10 years: standard <p>Marijuana</p> <p>Recreational use</p> <p>Mild to moderate: +50 to +100 and limitation of the duration of the benefit to 5 years.</p> <p>Severe: decline</p>	<p>Hard drugs (cocaine, amphetamines, hallucinogens and sedatives)</p> <p>Current use: decline</p> <p><u>Total abstinence since</u></p> <ul style="list-style-type: none"> < 3 years: decline 3 to 5 years: +150 to +50 > 5 years: standard <p>Opiates</p> <p>Current use: decline</p> <p><u>Total abstinence since</u></p> <ul style="list-style-type: none"> < 5 years: decline 5 to 7 years: +100 to +50 > 7 years: standard <p>Marijuana</p> <p>Recreational use</p> <p>Mild to moderate: standard</p> <p>Severe: decline</p>
Foreign travel	Not applicable	Foreign travel and residency questionnaire	<p>North America or Western Europe: standard</p> <p>Other: standard to decline based on trip location and duration.</p> <p>Travel for humanitarian or charitable purposes individual consideration</p>	<p>North America or Western Europe: standard</p> <p>Other: standard, exclusion or decline based on trip location and duration.</p> <p>Travel for humanitarian or charitable purposes: individual consideration</p>	<p>North America or Western Europe: standard</p> <p>Other: standard, exclusion or decline based on trip location and duration.</p> <p>Travel for humanitarian or charitable purposes individual consideration</p>

Probable decision of the underwriter

Non-medical conditions	Information to speed up the underwriting process	Requirement	Life insurance	Disability Insurance	Critical illness insurance
Scuba diving	Not applicable	Scuba diving questionnaire	<p>Amateur scuba diving, <u>not involved in any hazardous diving activities</u></p> <p>≤ 100 feet: standard</p> <p>> 100 feet: exclusion or 5 to \$10/thousand</p> <p>Snorkeling: standard</p> <p>With pre-existing medical condition (heart disease, epilepsy, COPD, significantly overweight, etc.): decline</p>	<p>Amateur scuba diving, <u>not involved in any hazardous diving activities</u></p> <p>≤ 100 feet: standard</p> <p>> 100 feet: exclusion to decline</p> <p>Snorkeling: standard</p> <p>With pre-existing medical condition (heart disease, epilepsy, COPD, significantly overweight, etc.): decline</p>	<p>Amateur scuba diving, <u>not involved in any hazardous diving activities</u></p> <p>≤ 100 feet: standard</p> <p>> 100 feet: exclusion</p> <p>Snorkeling: standard</p> <p>With pre-existing medical condition (heart disease, epilepsy, COPD, significantly overweight, etc.): decline</p>
Sky diving	Not applicable	Parachute and sky diving questionnaire	<p>Only one jump with no intention to jump again: standard</p> <p>Other: exclusion or \$2.50/thousand</p> <p>High risk jump: decline</p>	<p>Only one jump with no intention to jump again: standard</p> <p>Other: exclusion</p> <p>High risk jump: decline</p>	<p>Club-affiliated: standard</p> <p>Other: exclusion</p>

About Beneva

Created by the merger of La Capitale and SSQ Insurance, Beneva is the largest insurance mutual in Canada with more than 3.5 million members and customers. It has more than 5,000 dedicated employees: People looking out for people. Its human approach is rooted in the mutualist values supported by its employees. With \$26.8 billion in assets, Beneva positions itself as a major player in the insurance and financial services industry. Its head office is in Quebec City.

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