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DISCLAIMER

The possible decisions appearing in this guide are preliminary estimates only and are not binding on UV Insurance in any way.

Each case will be assessed on the basis of the requirements received during the review. Also, please note that we will not review cases that have been rated or declined within the last six months.

This guide is subject to change without notice.

WILDIONE CONDITIONS			WHAT CAN BE EAFECTED I ROW CHOEKWAITING			
MEDICAL CONDITIONS	USEFUL INFORMATION TO EXPEDITE UNDERWRITING	REQUIREMENTS	LIFE INSURANCE	CREDIT INSURANCE RIDER	CRITICAL ILLNESS INSURANCE	
Asthma	 Contact details of the physician with complete record Prescribed drugs 	Attending physician statement (APS) or respiratory disorder questionnaire (EQC066), at the underwriter discretion Attending physician statement (APS) or respiratory disorder questionnaire (EQC066), at the underwriter discretion	Symptomatic or asymptomatic <2 years Non smoker Mild to moderate symptoms: Standard rate to +50 Severe to very severe symptoms: +150 or decline Smoker Mild to moderate symptoms: Standard rate to +100 Severe to very severe symptoms: +200 or decline Asymptomatic >2 years Non smoker Mild to moderate symptoms: Standard rate to +50 Severe to very severe symptoms: +100 or decline Smoker Mild to moderate symptoms: +100 or decline Smoker Mild to moderate symptoms: Standard rate to +50 Severe to very severe symptoms: Standard rate to +50 Severe to very severe symptoms: Standard rate to +50 Severe to very severe symptoms: Standard rate to +50 Severe to very severe symptoms: Standard rate to +50 Severe to very severe symptoms: +150 or decline	Symptomatic or asymptomatic <2 years Non smoker Mild to moderate symptoms: Standard rate or exclusion Severe to very severe symptoms: Decline Smoker Mild to moderate symptoms: Standard rate to +50 or exclusion Severe to very severe symptoms: Decline Asymptomatic >2 years Mild to moderate symptoms: Standard rate or exclusion Severe to very severe symptoms: Standard rate or exclusion Severe to very severe symptoms: Decline The Benefit Period may be limited to 2 or 5 years.	Mild to moderate symptoms Standard rate to +50 Severe to very severe symptoms: +75 or decline Smoker Mild to moderate symptoms +50 Severe to very severe symptoms: +125 or decline	
Atrial fibrillation / Flutter	 Contact details of the physician with complete record Prescribed drugs Frequency of episodes 	Attending physician statement (APS)	Without a full cardiac workup: Decline Intermittent <1 year since last episode: +50 ≥1 year since last episode: Standard rate Constant Per age: +50 to +125	Without a full cardiac workup: Decline Constant: Decline 1 episode ≥1 year since episode: Standard rate to +75 >1 episode: Decline	Without a full cardiac workup: Decline With a full cardiac workup, cause unknown and no othe cardiac impairments Intermittent: +50 to +100 Constant: Decline	

MEDICAL CONDITIONS	USEFUL INFORMATION TO EXPEDITE UNDERWRITING	REQUIREMENTS	LIFE INSURANCE	CREDIT INSURANCE RIDER	CRITICAL ILLNESS INSURANCE
Autism	 Contact details of the physician with complete record Prescribed drugs 	Attending physician statement (APS)	<age (mild="" 18:="" autism)="" autonomy="" decline="" decline<="" offer="" other:="" per="" possible="" range="" td="" ≥age=""><td>▶ Decline</td><td><age (mild="" 18:="" autism)="" autonomy="" decline="" decline<="" other:="" per="" range="" rate="" standard="" td="" ≥age=""></age></td></age>	▶ Decline	<age (mild="" 18:="" autism)="" autonomy="" decline="" decline<="" other:="" per="" range="" rate="" standard="" td="" ≥age=""></age>
Bariatric surgery	 Contact details of the physician with complete record Date of procedure Complications Weight before and after surgery 	 Attending physician statement (APS) at the underwriter discretion Vital signs Blood profile 	<6 months after surgery: Postpone ≥6 months: Rating per height and weight	<12 months after surgery: Postpone ≥12 months: Rating per height and weight	<12 months after surgery: Postpone ≥12 months: Rating per height and weight
Blood cancer (Leukemia)	 Contact details of the physician with complete record including pathology report Date of diagnosis Type of treatment Date treatment ended Recurrences 	Attending physician statement (APS)	Per type of Leukemia, age at diagnosis, up to 10 years after last treatment Stage 0: +150 or decline Stage 1 As per age at diagnosis: +200 or decline Above stage 1: Decline	▶ Decline	▶ Decline
Breast cancer	 Contact details of the physician with complete record including pathology report Date of diagnosis Type of treatment Date treatment ended Recurrences Details of regular follow-up (mammogram) 	Attending physician statement (APS)	Carcinoma in situ Per type of cancer: \$1.50 to \$6.00/thousand x 4 years Other tumors Per stage: Postpone 1 to 5 years after last treatment After: \$5.00 to \$20.00/thousand. Stage 3 and 4: Possible decline	Carcinoma in situ Per type of cancer: Postpone 1 year 2 to 4 years after last treatment: Exclusion 2 to 4 years, possibility of standard >4 years after last treatment: Possibility of standard Other tumors Per stage: Postpone 4 to 10 years after last treatment After: +50 or exclusion	▶ Decline

MEDICAL CONDITIONS	USEFUL INFORMATION TO EXPEDITE UNDERWRITING	REQUIREMENTS	LIFE INSURANCE	CREDIT INSURANCE RIDER	CRITICAL ILLNESS INSURANCE
Cervical / Lumbar Sprain Lumbago Whiplash	Date of diagnosis Frequency of episodes Tests performed Prescribed drugs Sick leave from work Limitations in terms of activities	Back pain questionnaire (EQC065)	Without limitation: Standard rate Severe, with chronic pain and limitations: +50 and possible decline	1 or 2 acute episodes, per occupation Asymptomatic less than 3 years: Exclusion >2 acute episodes, per occupation Asymptomatic less than 5 years: Exclusion and possible rating Chronic symptoms: Per occupation and severity Mild symptoms: Exclusion and possible rating Moderate or severe symptoms: Decline The Benefit Period may be limited to 2 or 5 years.	Without limitation: Standard rate With limitation: +50 or exclusion
Colorectal cancer	 Contact details of the physician with complete record including pathology report Date of diagnosis Type of treatment Date treatment ended Recurrences Details of regular follow-up (colonoscopy) 	Attending physician statement (APS)	Per stage and age: Stage 0: \$3.00 to \$7.50/thousand All other stages: Postpone 1 to 5 years after last treatment After: \$6.00 to \$15.00/thousand x 5 years	Per type and age stage 0, 1 or 2A: Postpone 2 to 10 years After: Exclusion Above stage 2A: Decline	In situ: up to 6 years decline, after possible exclusion Stage 1: up to 7 years decline, after possible exclusion >stage1: Decline
Coronary heart disease Heart attack / Myocardial infarction Bypass surgery Angioplasty	 Contact details of the physician with complete record Prescribed drugs Treatment Current symptoms Severity of illness (number of arteries involved) Frequency of follow-ups 	Attending physician statement (APS)	Insured <age 35="" at="" decline="" diagnosis:="">6 months, <5 years after diagnosis and per severity For age 35 to 40: +175 or decline ≥age 40: +100 to +250 up to decline >5 years after diagnosis ≥age 35: +75 to +200, up to decline >3 bypass graft: Decline More than one heart attack: Decline</age>	▶ Decline	▶ Decline

WHAT CAN BE EXPECTED FROM UNDERWRITING	
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MEDICAL CONDITIONS	USEFUL INFORMATION TO EXPEDITE UNDERWRITING	REQUIREMENTS	LIFE INSURANCE	CREDIT INSURANCE RIDER	CRITICAL ILLNESS INSURANCE
Epilepsy	 Contact details of the physician with complete record Prescribed drugs Frequency of seizures Date of last seizure Type of seizure (partial, generalized, grand mal, petit mal, etc.) Tests performed and results 	Attending physician statement (APS)	<6 monts since initial diagnosis or date of the last seizure if no precised diagnosis is made: Postpone ≥6 months Generalized seizures As per time elapsed, severity and seizure frequency: Postpone or standard rate to +200 Partial seizures As per time elapsed, severity and seizure frequency: Postpone or standard rate to +100 Status epilepticus <1 year: Postpone	<12 months since initial diagnosis or date of the last seizure if no precised diagnosis is made: Postpone ≥12 mois Generalized seizures As per time elapsed, severity and seizure frequency: +50 or decline Partial seizures As per time elapsed, severity and seizure frequency: +50 or decline Status epilepticus <2 years: Postpone	<1 year since initial diagnosis or date of the last seizure if no precised diagnosis is made: Postpone ≥1 year As per time elapsed, severity and seizure frequency: +50 to decline Status epilepticus <1 year: Postpone
Herniated Disc	 Contact details of the physician with complete record Date of diagnosis Prescribed drugs Treatments Tests performed and results Sick leave from work Limitations in terms of activities 	Back pain questionnaire (EQC065) Attending physician statement (APS) at the underwriter discretion	Pending surgery: Postpone Without limitations: Standard rate Severe with chronic pain and limitations: +50 and possible decline	Without surgery: 1 acute episode, per occupation Asymptomatic for less than years: Exclusion 1 acute episodes per occupation Asymptomatic for less than years: Exclusion With surgery 1 episode per occupation Asymptomatic for less than year: Postpone Asymptomatic for less than year: Exclusion or decline Chronic symptoms Per occupation and severity Mild symptms: Exclusion or decline Moderate to severe symptoms: Decline Pending surgery: Postpone The Benefit Period may be limited to 2 or 5 years as per occupation.	All cases: Standard to +50, possible exclusion per severity Pending surgery: Decline

MEDICAL CONDITIONS	USEFUL INFORMATION TO EXPEDITE UNDERWRITING	REQUIREMENTS	LIFE INSURANCE	CREDIT INSURANCE RIDER	CRITICAL ILLNESS INSURANCE
High blood pressure	 Date of diagnosis Prescribed drugs and frequency of use Degree of control 	▶ Vital signs	Fair control: Standard rate or decline	Fair control: Standard rate or decline	Fair control: Standard rate or decline
Hypercholesterolemia	 Date of diagnosis Prescribed drugs and frequency of use Date of last follow-up and blood test results 	▶ At the underwriter discretion	Insured is compliant to treatment and cholesterol level is within normal limit for age: Standard rate If not: +50 or decline	Insured is compliant to treatment and cholesterol level is within normal limit for age: Standard rate If not: +50 or decline	Insured is compliant to treatment and cholesterol level is within normal limit for age: Standard rate If not: +50 or decline
Lung cancer	 Contact details of the physician with complete record including pathology report Date of diagnosis Type of treatment Date treatment ended Recurrences 	Attending physician statement (APS)	Stage 1: Postpone 5 to 8 years after last treatment After: \$10.00 to \$15.00/thousand x 5 or 8 years Above Stage 1: Decline	Stage 1: Postpone 10 to 13 years after last treatment Smoker: Decline Above stage 1: Decline	▶ Decline
Multiple Sclerosis	 Contact details of the physician with complete record Date of diagnosis Limitations in terms of activities Assistance for activities of daily living (walking, dressing, eating, etc.) 	Attending physician statement (APS)	Possible diagnosis Single attack, no current neurological abnormalities, no lesion on MRI, no family history of multiple sclerosis: Standard to +100 Definite Diagnosis Per age, severity and time elapsed since the diagnosis Mild: Standard to +150 Moderate: +50 to +150 Severe: < 10 years since the diagnosis: becline ≥10 years since the diagnosis: +250 Very severe: Decline	Possible diagnosis Single attack, no current neurological abnormalities, no lesion on MRI, no family history of multiple sclerosis, more than 5 years since the last attack: Exclusion Definite diagnosis: Decline	Possible diagnosis <5 years: Postpone 5 to 10 years: Exclusion ≥10 years: Possible standard rate Definite diagnosis: Decline

MEDICAL CONDITIONS			WHAT CAN BE EXPECTED FROM UNDERWRITING		
MEDICAL CONDITIONS	USEFUL INFORMATION TO EXPEDITE UNDERWRITING	REQUIREMENTS	LIFE INSURANCE	CREDIT INSURANCE RIDER	CRITICAL ILLNESS INSURANCE
Nervous Disorder	 Contact details of the physician with complete record Prescribed drugs and 	Attending physician statement (APS)Questionnaire for mental	Per diagnosis, treatment, control and date of recovery: Postpone or standard rate	Per diagnosis, treatment, control and date of recovery: Postpone, exclusion, +50 to	Per diagnosis, treatment, control and date of recovery Postpone, standard rate to
Anxiety / Stress	frequency of use	illness or emotional disorders (EQC052) or Attention	to +150 Currently off work:	+200 or decline Currently off work:	+100 or decline
Panic attack	Duration of sick leave, if anySeveritySymptoms	deficite desorder with or whithout hyperactivity questionnaire (EQC086)	Postpone, reconsideration 6 months after returning to work on a full-time basis	Postpone, reconsideration 6 months after returning to work on a full-time basis	Currently off work: Postpone, reconsideration 6 months after returning to
Burnout	r Symptoms			The Benefit Period is most likely to be limited to 2 or 5 years.	work on a full-time basis
Depression					
ADD / ADHD					
Adjustment disorder					
Parkinson	Contact details of the physician with complete record	Attending physician statement (APS)	Per severity Stage 1 to 2 >age 35 at diagnosis: +50 to +100 Stage 3	▶ Decline	▶ Decline
			>age 35 at diagnosis: +75 to +125		
			Stage 4 >age 35 at: +150 to +200		
			Stage 5 or uncontrolled: Decline		
Prostate cancer	Contact details of the physician with complete record including	Attending physician statement (APS)	Per stage: Postpone 1 to 3 years after last treatment	Per stage: Postpone 1 to 10 years after last treatment	Stage 1 with radical prostatectomy
	pathology reportDate of diagnosis		After : \$5.00/thousand x 5 years or less	After: Exclusion or decline	Up to10 years after last treatment: Postpone
	Type of treatment		Stage 3 and up: Decline		>10 years: Exclusion
	 Date treatment ended Most recent prostate specific 				Above stage 1: Decline
	antigen (PSA) reading				

MEDICAL CONDITIONS		WHAT CAN BE EXPECTED FROM UNDERWRITING			
MEDICAL CONDITIONS	USEFUL INFORMATION TO EXPEDITE UNDERWRITING	REQUIREMENTS	LIFE INSURANCE	CREDIT INSURANCE RIDER	CRITICAL ILLNESS INSURANCE
Pulmonary embolism	 Contact details of the physician with complete record Prescribed drugs Date of diagnosis Recurrences Tests performed and results 	Attending physician statement (APS)	1 episode, without symptoms <6 months since the episode: Postpone ≥6 months since the episode: Standard rate 2 episodes, complete investigation <1 year since the last episode: Postpone ≥1 year since the last episode: +50 to +100 >2 episodes: Decline	1 episode, fully recovered <6 months since the episode: Postpone ≥6 months since the episode: standard rate to +50 >1 episode: Decline	1 episode, fully recovered <6 months since the episode Postpone ≥6 months since the episode Standard rate to +75 2 episodes <1 year since the last episode: Postpone ≥1 year since the last episode:+50 to +100 >2 episodes: Decline
Rheumatoid Arthritis Juvenile Arthritis	 Contact details of the physician with complete record Limitations in terms of activities Sick leave from work Treatments and prescribed drugs Date of diagnosis Frequency of attacks 	Attending physician statement (APS)	Rheumatoid Per severity: Standard rate, rating or decline Juvenile Present: Decline In remission without complications: <age +150="" +50="" 25:="" decline<="" or="" td="" ≥age=""><td>Rheumatoid Per severity: Exclusion to +25 to +50 rating, with the Benefit Period limited to 2 or 5 years maximum, up to decline. Severe: Decline Juvenile Present: Decline Insured <age 25:="" decline="" refer="" rheumatoid<="" td="" to="" ≥age=""><td>Rheumatoid Per Severity: Standard rate or decline with possible exclusion Juvenile Present: Decline In remission, without complications: <age +100="" 25:="" refer="" rheumatoid<="" td="" to="" ≥age=""></age></td></age></td></age>	Rheumatoid Per severity: Exclusion to +25 to +50 rating, with the Benefit Period limited to 2 or 5 years maximum, up to decline. Severe: Decline Juvenile Present: Decline Insured <age 25:="" decline="" refer="" rheumatoid<="" td="" to="" ≥age=""><td>Rheumatoid Per Severity: Standard rate or decline with possible exclusion Juvenile Present: Decline In remission, without complications: <age +100="" 25:="" refer="" rheumatoid<="" td="" to="" ≥age=""></age></td></age>	Rheumatoid Per Severity: Standard rate or decline with possible exclusion Juvenile Present: Decline In remission, without complications: <age +100="" 25:="" refer="" rheumatoid<="" td="" to="" ≥age=""></age>

TABLE OF

MEDICAL CONDITIONS

WHAT CAN BE EXPECTED FROM UNDERWRITING **USEFUL INFORMATION TO CRITICAL ILLNESS CREDIT INSURANCE RIDER** MEDICAL CONDITIONS REQUIREMENTS LIFE INSURANCE **EXPEDITE UNDERWRITING** INSURANCE Skin Cancer ▶ Contact details of the physician Attending physician **BCC** completely removed **BCC** completely removed **BCC** completely removed with complete record statement (APS) Stage 0 and 1: Standard rate 1 occurrence, stage 0 and 1: 1 or 2 occurrences, stage 0 Standard rate Date of diagnosis and 1: Standard rate Stage 2: Exclusion Malignant tumor Above stage 1: Type of treatment >2 occurrences, stage 0 and 1: Above stage 2: Decline Depending on biopsy results Exclusion Date treatment ended and time elapsed since date of Basal cell and squamous Other tumors Above stage 1: last treatment: \$5.00 to cell carcinoma (BCC) ▶ Details of regular dermatology Depending on biopsy results \$15.00/thousand up Stage 0: follow-up and time elapsed since date of 3 months after last treatment: to decline last treatment: Standard rate. Exclusion exclusion or postpone Other tumors Stage 1A: Stage 0 and 1A: 6 months after 4 years after last treatment: Other tumors last treatment: standard rate to Exclusion Stage 0 and 1: \$7.50 /thousand x 4 years Above stage 1A: Decline 3 months to 7 years after last **Above stage 1A**: Postpone 2 to treatment, as per stage: 5 years after last treatment Standard rate or exclusion Above stage 1A: 8 years after last treatment, as per stage and biopsy results: Exclusion or decline Sleep apnea Contact details of the physician Attending physician Evidence of good response Evidence of good response to Evidence of good response to statement (APS) at the to treatment, per the severity: with complete record treatment: Standard rate treatment: Standard rate underwriter discretion Standard rate to +150 Date of diagnosis, severity, Without treatment, per the Without treatement treatment and degree of Without treatment, per the **severity**: Standard rate or +50 to +150control/compliance with **severity**: +50 or decline decline Central apnea treatment (CPAP number of Severe, without treatment: Severe, without treatment: hours used each night) Decline Decline Decline ▶ Date of last sleep assessment Central apnea Central apnea Status since treatment Decline Decline Details of follow-ups The Benefit Period may be limited to 2 or 5 years.

WHAT CAN BE EXPECTED FROM UNDERWRITING

MEDICAL CONDITIONS	USEFUL INFORMATION TO EXPEDITE UNDERWRITING	REQUIREMENTS	LIFE INSURANCE	CREDIT INSURANCE RIDER	CRITICAL ILLNESS INSURANCE
Stroke (CVA) Transient ischemic attack (TIA) Intracranial hemorrhage	 Contact details of the physician with complete record Current functional capacity Residuals (sequelea or side effects) Details of tests and follow-ups Prescribed drugs 	• Attending physician statement (APS)	Stroke (CVA) and Intracranial hemorrhage Postpone 12 months after the event Afther: +75 to +300 TIA Postponed 6 months after the event. Subsequently, if residuals are minor, an rating is considered as per the age and time elapsed since the event Afther: Standard rate to +125 Intracranial hemorrhage without surgery +75 to +150 With surgery: Standard rate to +100 Reoccurence: Decline	▶ Decline	▶ Decline
Thrombophlebitis	 Date of diagnosis Prescribed drugs Number of episodes 	Attending physician statement (APS) at the underwriter discretion Attending physician statement (APS) at the underwriter discretion	1 episode Witout complications: Standard rate With complications: +50 >1 episode: +100 Current anti-coagulant therapy add +50 to the above decisions	1 episode, without treatement, fully recovered and over 6 months since the episode: Standard rate to +50 Smoker or current anti-coagulant therapy or currently pregnant: Decline With complications: Decline >1episode: Decline	1 episode, over 3 months since the episode Witout complications: Standard rate With complications: +75 >1 episode: Decline Not fully recovered or currrent anti-coagulant therapy or currently pregnant: Decline

MEDICAL CONDITIONS	USEFUL INFORMATION TO EXPEDITE UNDERWRITING	REQUIREMENTS	LIFE INSURANCE	CREDIT INSURANCE RIDER	CRITICAL ILLNESS INSURANCE
Thyroid cancer	 Contact details of the physician with complete record including pathology report Date of diagnosis Type of treatment Date treatment ended Recurrences Details of frequency of follow-ups and tests performed 	Attending physician statement (APS)	Per type of cancer, stage and age at diagnosis: Postpone 3 months to 15 years after last treatment After: \$5.00 to \$15.00/thousand	Per type of cancer, stage and age at diagnosis: Postpone 1 to 15 years after last treatment After: Standard rate or exclusion	2 cm tumor or less Up to 5 years after last treatment: Postpone >5 years: Exclusion Over 2 cm tumor: Decline
Type 1 and Type 2 diabetes Impaired glucose tolerance	 Contact details of the physician with complete record Type of diabetes Date of diagnosis Prescribed drugs Complications (retinopathy, nephropathy, etc.) Date and results of last bloodwork 	• Attending physician statement (APS)	Type 1 Diabetes Per age and duration, with fair control and no complication: Standard rate to +300 Type 2 Diabetes Per age and duration, with fair control and no complication: Standard rate to +250 Impaired glucose tolerance Per age: Standard rate to +75	Type 1 Diabetes : Decline Type 2 Diabetes Under age 40: Decline Age 40 or more and <6 months since diagnosis: Postpone Age 40 or more, per duration, fair control and no complication: +50 to +75, with the Benefit Period limited to 2 or 5 years Age 40 or more and >5 years since diagnosis: Possible decline per age Impaired glucose tolerance Under age 40: Decline Age 40 or more, >6 months since diagnosis: +50 to +75	Type 1 Diabetes: Decline Type 2 Diabetes Under age 40: Decline Age 40 or more and <10 years since diagnosis: +50 or decline Age 40 or more and >15 years since diagnosis: +150 or decline Impaired glucose tolerance Under age 30: Decline Age 30 or more: +50 to +100

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MEDICAL CONDITIONS	USEFUL INFORMATION TO EXPEDITE UNDERWRITING	REQUIREMENTS	LIFE INSURANCE	CREDIT INSURANCE RIDER	CRITICAL ILLNESS INSURANCE					
llcerative colitis	Contact details of the physician with complete record	 Attending physician statement (APS) 	Irritale bowel syndrome Standard rate	Irritable bowel syndrome As per severity: Standard rate to +50 or exclu-	Irritable bowel syndrome Standard rate					
Crohn's disease	Frequency of attacksSeverity (mild, moderate		Others Per severity, time since last	sion	Others <1 year since the diagnosis:					
ritable bowel syndrome	or severe) • Prescribed drugs and		attack and without surgery: Standard rate to +200	Others Per severity and without	+100 to exclusion 1-2 years: mild +50 or					
	frequency of use Frequency of follow-up		After surgery: >6 months after surgery:	surgery : Postpone 2 to 5 years After : Exclusion or +50 and the	exclusion 2-10 years: mild +50 to +100					
	(colonoscopy) Hospitalization		Standard rate to +100	Benefit Period will be limited to 2 or 5 years	with exclusion per severity					
				Severe: Decline	>10 years: +75 or exclusion. Possible decline per severity					
				After surgery <1 year after surgery: Postpone						
				After: Exclusion or +50 with the Benefit Period limited to 2 or 5 years						

UNDERWRITING CRITERIA

Criteria for Non-Smoker Rates

No use of cigarettes, e-cigarettes (with or without nicotine), cigarillos, small cigars, cigars, pipe, chewing tobacco, shisha, betel nuts, Nicorette products, nicotine patches or tobacco in any other form.

- For large cigars, we allow non-smoker rates if use does not exceed 12 per year and provided the urinalysis is negative for cotinine.
- For **marijuana**, depending on the quantity used per week, non-smoker rates may apply, provided the urinalysis is negative for cotinine. Still depending on the quantity used per week, the case may be rated or declined.

Build Table (Minimum/Maximum weight for height)



Immediate Underwriting Only — Term Life Insurance

Age 18-45	\$150,001 to \$499,999
Age 46-55	\$150,001 to \$350,000
Age 56-65	\$150,001 to \$250,000

Haimba	Feet/Inches	4' 8" — 4' 10"	4' 11" — 5' 1"	5' 2" — 5' 4"	5' 5" — 5' 7"	5' 8" — 5' 10"	5' 11" — 6' 1"	6' 2" — 6' 4"	6' 5" — 6' 7"
Height	Metres	1,42 — 1,49	1,50 — 1,56	1,57 — 1,64	1,65 — 1,72	1,73 — 1,79	1,80 — 1,87	1,88 — 1,95	1,96 — 2,01
Wainba	Pounds	79 — 190	87 — 200	94 — 220	104 — 240	115 — 260	125 — 282	136 — 305	147 — 333
Weight	Kg	36 – 86	39 — 91	43 — 100	47 — 109	52 - 118	57 — 128	61 – 138	66 — 151

UNDERWRITING CRITERIA

Criteria for Super Preferred and Preferred Rates

Offered on Term Insurance amounts of \$500,000 or more. A paramedical, blood profile and urinalysis are required. Depending on the requested amount and the insured's age, an ECG may also be required.

We review a multitude of criteria to offer Super Preferred and Preferred rates to our clients, such as family history, height/weight ratio, lab test results, use of alcohol, tobacco, marijuana or drugs, medical history, etc. A full list can be found on our illustration software.

For example, if an insured has been diagnosed with dyslipidemia under treatment (high cholesterol) or diabetes, only the regular class is applicable, even if the condition is well controlled.

Height	4'8 "	4'9"	4'10"	4'11"	5'0"	5'1'	5'2"	5'3"	5'4"	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"	5'11"	6'0"	6'1"	6'2"	6'3"	6'4"	6'5"	6'6"
Super Preferred maximum weight (lbs)	138	141	144	147	150	153	156	159	162	165	171	178	184	191	197	204	210	214	218	222	226	230	234
Preferred maximum weight (lbs)	148	151	154	157	160	163	166	169	172	175	182	189	196	204	211	218	225	230	235	240	245	250	255
Height (cm)	142	145	147	149	152	155	158	160	163	165	168	170	173	175	178	181	183	186	188	191	193	196	198
Super Preferred maximum weight (kg)	63	64	65	67	68	69	71	72	74	75	78	81	84	87	89	93	95	97	99	101	103	104	106
Preferred maximum weight (kg)	67	69	70	71	73	74	75	76	78	79	82	86	89	92	96	99	102	104	107	109	111	113	116

Weight and height must be checked by a nurse during the paramedical.

UNDERWRITING CRITERIA

Newcomers / Immigration

- ▶ Must have a Social Insurance Number (SIN) not starting with a "9".
- ▶ If the insured does not have permanent resident status and the Social Insurance Number (SIN) starts with a "9", the amount of coverage is limited to \$250,000 in most cases.
- ▶ If the Social Insurance Number (SIN) starts with a "9", the insured must submit a copy of his/her work permit and proof that the permanent residence process has been initiated.
- ▶ If the insured has been in Canada less than 12 months, a paramedical, blood profile with hepatitis B and C screening, as well as a urinalysis will be requested in all cases.
- ▶ Refugee claimants, temporary worker visas and student visas are declined.

Financial Underwriting

Personal Insurance

Based on income, we multiply it according to the insured's age factor.

Life Insurance

Age 40 and under	25x income
Age 41-50	20x income
Age 51-60	15x income
Age 61-65	10x income
Age 66 and over	5x income

Critical Illness Insurance

Age 18-55	10x income
Age 56-60	5x income
Age 61 and over	3x income

For a higher amount, the application is reviewed on the basis of individual consideration with supporting reason.

UNDERWRITING CRITERIA

Unemployed Spouse Coverage

Life Insurance: We will request total family income, take 50% of that income and multiply it by the age factor. For a higher amount, the application is reviewed on the basis of individual consideration with supporting reason.

Critical Illness Insurance: We will take 4x the earned annual family income, maximum \$250,000.

Child Coverage

Life Insurance: Should not exceed 50% of a parent's coverage amount. We will not combine both parents' coverage amount to offer a higher amount for a child.

Critical Illness Insurance: 50% of the parents' coverage amount, maximum \$250,000. For amounts greater than \$100,000, the reason for the amount must be provided.

Business Insurance

All questions in Part 3, Section B of the application must be answered at all times. The reason for the amount must be provided and all partners should be insured proportionally to their percentage ownership in the company. Financial statements may be requested depending on the information on file.

Key Person

Life Insurance: 5 to 10x annual income.

Critical Illness Insurance: 3 to 7x annual income.

Buy-Sell Agreement: Based on financial statements and percentage ownership of each shareholder.

Loan Protection: Based on amount of loan. Loans eligible for coverage must be issued by a licensed institution (bank, etc.).

Contacts List for partners

Individual life insurance

General Phone: 1 800 567-0988 ind.advisor@uvinsurance.ca www.uvinsurance.ca/myuniverse

Directors, Business Development





Chantal Marquis Ontario and Western Canada

514 292-6962 cmarquis@uvinsurance.ca





Inside Sales Representative



Customer Service

Ext. 2063 ind.client@uvinsurance.ca

- ▶ Change of address
- ▶ Change of payment method
- ▶ General information

Contract Management and Modification

Ext. 2084 ind.contractadministration@uvinsurance.ca

- ▶ Modifications **after** the contract is in force
- ▶ Change of volume
- ▶ Change from smoker to non-smoker
- Surrenders, policy loans

New Business

Ext. 2087

ind.newbusiness@uvinsurance.ca

- ▶ Modifications **before** the contract is in force
- New applications
- Underwriting questions
- Settling documents

Claims

Ext. 2089 ind.disability@uvinsurance.ca

- Critical illness
- Disability, fracture and injury
- ▶ Loss of employment

Ext. 2089 ind.deathclaim@uvinsurance.ca

▶ Life insurance

UV Direct Account

Ext. 2073 ind.advisor@uvinsurance.ca

▶ UV Direct Saving

Advisor Services

Ext. 2064 ind.advisor@uvinsurance.ca

- ▶ Reinstatement of contracts
- Advisor access issues
- ▶ General information

Advisor's Information, Commission and Remuneration

Ext. 2064 ind.advisorlicense@uvinsurance.ca

- ▶ Change of bank account
- ▶ Change of contact information
- Advisor's licence

ind.remuneration@uvinsurance.ca

- ▶ Contract documents
- ▶ Request to change advisor
- ▶ Transfer of clients or general agent

Online forms

(claims, modifications, questionnaires, etc.)

Consult our forms

Advisor access services

- ▶ New Business status and requirements
- In force client files (description, protection, summary)
- ▶ Remuneration and account statements
- ▶ Qualification follow-up for ongoing promotions

Consult Resources for advisors

Contacts List

for partners

Investment & Retirement

General Phone: 1 800 567-0988 ind.advisor@uvinsurance.ca www.uvinsurance.ca/myuniverse

Directors, Business Development



Nadia Boissonneault Central and Eastern Quebec and the Atlantic provinces

Ext. 2352

819 691-6560

nboissonneault@uvinsurance.ca



Chantal Marquis Ontario and Western Canada

0070

Ext. 2379 514 292-6962

cmarquis@uvinsurance.ca



Mike Minville

Montréal and Laurentides

Ext. 2378 418-297-6011

mminville@uvinsurance.ca



Simon Gélinas

Montréal, Estrie and Southwestern Quebec and Eastern Ontario

Ext. 2363 514 237-5160

sgelinas@uvinsurance.ca

Inside Sales Representative



Alex Tessier

Ext. 2546

514 567-8771 atessier@uvinsurance.ca

UVINSURANCE

Annuity and GIC

Customer Service

1800 567-0988 Ext. 2082 ir.investment@uvinsurance.ca

- ▶ Change of address
- ▶ Renewal and General information

Advisor Services

1800 567-0988 Ext. 2082 ir.investment@uvinsurance.ca

- ▶ New deposit and Rate Guarantee
- Documentations

Investment & Retirement

1800 567-0988 Ext. 2082 ir.investment@uvinsurance.ca

▶ GIC, RRSP, RRIF, TFSA, etc.

Getting a contract

1800 567-0988 Ext. 2064 ind.advisorlicense@uvinsurance.ca

Commission and Remuneration UV Insurance

1800 567-0988 Ext. 2064 ind.advisorlicense@uvinsurance.ca

Segregated Funds

Customer Service

1877 577-7337 investments.retirement@assumption.ca

- ▶ Online customer access
- ▶ Existing account information

Advisor Services

For any questions regarding the offer of Segregated Fund and Registered Investment Accounts products, please contact with your Director, Business Development.

After-sale Service: 1 888 577-7337 placements.retraite@assomption.ca

Documentations

Commission and Renumeration Segregated Funds

1 888 577-7337 placements.retraite@assomption.ca

Vesta Sales Platform

1855 853-6040 vesta@assomption.ca

- ▶ Technical Support
- General information

FundServ Platform

1 855 577-3863 fundserv.support@assumption.ca

- ▶ Technical Support
- General information

Online Access Portal

IR & UV Direct Advisor Access (GIC & Annuity)

Online Services

(Segregated Funds and RIA)

<u>Vesta Sales Platform</u> (Segregated Funds & RIA)

