

FOLLOW-UP QUESTIONS

The follow up questions are organized by the top-level application question to which they relate, but they will not necessarily be asked in the order presented in this document. Follow up questions will always be asked in a non-discriminatory manner. Where there are brackets in the top level questions, the variations are explained in the SOV.

In order to create the best possible customer experience, there are questions that the customer will be able to fill in a free form text box for their answers. The customer's response will direct the follow-up questions asked, if any.

Top level question: In the past [12 months], have you used tobacco or nicotine products in any form including cigarettes, chewing tobacco, cigars, e-cigarettes or vaping products?

Follow-up questions:

The applicant may not be presented with all the follow-up questions listed here. Whether one or more follow-up question(s) are presented to the applicant is contingent on the answer(s) provided to the top level question during the online application process. Further follow up questions from this list may be presented to the applicant depending on answer(s) provided to the previous follow up question(s).

[Which of these tobacco or nicotine products have you ever used? Please choose all products you have ever used.]

[How many years since you last smoked?]

[How many packs per day do you smoke?]

[How many years since you last used chewing tobacco, snuff or other oral tobacco product?]

[How many years since you last used cigars?]

[How many cigars have you used within the past 12 months?]

[How many years since you last used an e-cigarette or other vaping device?]

[How many years since you last used a smoking cessation product like nicotine gum, patch or lozenge?]

[How many years since you last used a pipe?]

[How many years since you last used hookah, shisha or water pipe?]

[How many years since you last used other tobacco or nicotine delivery products?]

Top level question: Have you missed [five] or more consecutive work days [or been unable to dress yourself, feed yourself, bathe yourself, or walk] due to disability, injury or sickness within the past [two years]?

Follow-up questions:

The applicant may not be presented with the follow-up question listed here. Whether the follow-up question may be presented to the applicant is contingent on the answer(s) provided to the top level question during the online application process.

[Please list the reason(s):]

Note, this follow up question – “Please list the reason(s)” will be designed in a way that will allow the applicant to either select and/or provide a written description of the reasons for their “yes” response to the Top Level Question. The answers provided will be used to further underwrite the applicant.

Top level question: Have you declared bankruptcy in the last [five years] (personal or business)?

Follow-up questions:

The applicant may not be presented with all the follow-up questions listed here. Whether one or more follow-up question(s) are presented to the applicant is contingent on the answer(s) provided to the top level question during the online application process. Further follow up questions from this list may be presented to the applicant depending on answer(s) provided to the previous follow up question(s).

[Have you filed for bankruptcy more than once?]
[List your number of bankruptcies.]
[Have the bankruptcies been fully discharged?]
[Has the bankruptcy been fully discharged?]
[How many years ago were the bankruptcies discharged?]
[How many years ago was the bankruptcy discharged?]
[How long has it been since the bankruptcy has been discharged?]
[What chapter was it?]
[Are you currently on a repayment plan?]

Top level question: Have you [within the past [five years]] [ever] been treated or diagnosed by a medical professional for any of the following?

Follow-up questions:

The applicant may not be presented with all the follow-up questions listed here. Whether one or more follow-up question(s) are presented to the applicant is contingent on the answer(s) provided to the top level question during the online application process. Further follow up questions from this list may be presented to the applicant depending on answer(s) provided to the previous follow up question(s).

[Which heart disease?]
[Which neurological disorder?]
[Which autoimmune or other immune system disorder?]
[Which respiratory or lung disorder?]
[Please select which disease/disorder.]
[Have you ever been hospitalized due to this condition?]
[When were you last hospitalized for this condition?]
[In the last 2 years, have you missed time from work for this condition (if employed), or has this condition interfered with your ability to dress yourself, feed yourself, bathe yourself, or walk?]
[How many times per week do you experience symptoms?]
[Do you require more than two (2) daily medications or oxygen for your COPD (Chronic Obstructive Pulmonary Disease)?]
[Have you ever been hospitalized for this condition?]
[Are you able to independently dress yourself, feed yourself, bathe yourself, and walk?]
[Are you awaiting any of the following for this condition: medical tests or investigations, procedures, test results or referral to the hospital or surgery?]
[Have you completed medical care for this condition?]
[Other than any regular follow up for this condition, are you awaiting further: medical tests or investigations, test results, or referral to hospital or surgery?]
[How does your doctor describe the severity of your sleep apnea?]
[Has your physician prescribed the use of a CPAP machine?]
[How many times per week do you use your CPAP machine?]
[In the past [five years] were you hospitalized for Coronavirus, also known as COVID-19?]
[How many months has it been since you were diagnosed by a medical professional?]

[Has a medical professional advised you to complete any diagnostic testing that has not yet been completed?]
[Are you still experiencing symptoms?]
[How many days has it been since you were diagnosed by a medical professional?]
[Have you been evaluated by a medical professional for your high blood pressure within the last 6 months?]
[How many medications are you currently taking for this condition?]
[Have you been told by your doctor that your most recent blood pressure reading was normal?]
[Have you been prescribed medication for this condition?]
[Have you been told by a medical professional that your most recent cholesterol reading was normal?]
[Have you been told by a medical professional that your cholesterol is well controlled without medication?]
[Have you seen a cardiologist within the last year for this condition?]
[Did you have a heart attack?]
[Have you had more than one heart attack?]
[Have you ever had a medical device surgically implanted?]
[Other than normal follow-up or taking medication, have you been treated for your coronary artery disease within the past 6 months?]
[How old were you when you were first diagnosed with coronary artery disease?]
[How many episodes have you had of this condition?]
[When did you have this condition?]
[Do you have heart disease, which is also known as coronary artery disease or heart blockage?]
[Do you have hypertension, which is also known as high blood pressure?]
[Have you had a surgical ablation more than 2 years ago that successfully treated your atrial fibrillation?]
[Was your chest pain diagnosed as heartburn, indigestion, or a muscle strain?]
[Have you had surgery for this condition or have you been told that surgery may be needed in the future?]
[Have you been hospitalized or treated in the Emergency Room for this condition in the last year?]
[Have you missed any time from work for this condition in the last year?]
[How many medications have you been prescribed to take daily for this condition?]
[Does your treatment include insulin injections?]
[Within the last 5 years, have you been hospitalized for this condition?]
[Have you been diagnosed or treated for any of the following complications: skin ulcer, circulatory problems in your legs, kidney problems, or diabetic coma?]
[Have you had a blood test including HbA1c within the last 12 months?]
[What was your most recent HbA1c reading, if known?]
[When was this condition diagnosed?]
[Have you been told this condition was a result of your pregnancy (gestational diabetes)?]
[Have you made a full recovery with no further treatment required?]
[Have you been diagnosed by a medical professional with Primary Progressive or Relapsing Remitting Multiple Sclerosis?]
[How many years has it been since you last experienced symptoms?]
[Has it been at least one year since your diagnosis?]
[Have you been fully released by your medical professional, have no symptoms, and require no other medical care other than routine follow-ups?]
[Did permanent injury occur to your brain or spinal cord?]
[How many years since the injury occurred?]
[Are you able to independently dress yourself, feed yourself, bathe yourself, and walk without a mobility assist device?]
[What mobility assist device do you use?]
[Have you been fully released by your medical professional and require no other medical care other than routine follow-ups?]
[How many months since the injury occurred?]
[Have any of your seizures lasted longer than 5 minutes or have you had difficulty regaining consciousness between seizures?]
[Have you had a seizure due to drug or alcohol use?]
[Which type of epilepsy have you been diagnosed with?]
[How many years ago was your last seizure?]
[How many seizures did you have on average per year?]
[How many seizures do you have on average per year?]

[How many mini-strokes (transient ischemic attacks or TIAs) have you had?]
[When did it occur?]
[Does this condition affect only your joints?]
[In the past 5 years and as a result of this condition, have you been disabled, collected disability payments, or been hospitalized?]
[Within the past 12 months, have you missed 5 or more days from work, or has your ability to dress yourself, feed yourself, bathe yourself, or walk been restricted due to this condition?]
[Other than routine follow up care visits, are you awaiting any of the following for this condition: medical tests or investigations, procedures, test results or referral to hospital or surgery?]
[Have you had surgery for this condition?]
[When was your surgery for this condition?]
[Have you been fully released by your medical professional and require no other medical care for your condition other than routine follow-ups?]
[Have you been hospitalized for this condition in the last 3 years?]
[Have you needed to take steroids (either orally or by enema) within the last 3 years to treat this condition?]
[Have you experienced any abdominal cramping, tenderness, or urgency due to this condition in the last 90 days?]
[Has your condition affected your bones or joints?]
[When were you diagnosed with this condition?]
[Have you been fully released by your medical professional and require no other medical care other than medication to control your thyroid and routine follow-ups?]
[How many months/years since the surgery?]
[How many years since the surgery?]
[How many months since the surgery?]
[How many months/years ago were you diagnosed with this condition?]
[How many months ago were you diagnosed with this condition?]
[How many years ago were you diagnosed with this condition?]
[Other than routine follow up care visits, are you awaiting any of the following for this condition: medical tests or investigations, test results or referral to hospital or surgery?]

Top level question: [In the last [ten years], have you], [Have you ever] been diagnosed with or treated for cancer or a cyst, polyp, lesion or tumor by a medical professional?

Follow-up questions:

The applicant may not be presented with all the follow-up questions listed here. Whether one or more follow-up question(s) are presented to the applicant is contingent on the answer(s) provided to the top level question during the online application process. Further follow up questions from this list may be presented to the applicant depending on answer(s) provided to the previous follow up question(s).

[What type of cancer, cyst, polyp, lesion, or tumor have you had?]
[How many polyps have you had?]
[Indicate the site of your polyp(s)]
[Have you had all the polyps removed?]
[When were they removed?]
[Have you ever been told the polyps were any of the following: cancerous, pre-cancerous, malignant or pre-malignant?]
[Has your doctor told you the polyp(s) should be removed?]
[Please choose the type of colon lesion (meaning colon polyp or colon cancer) that your medical professional diagnosed you with.]
[Have your parents or siblings ever had a history of colon cancer?]
[Other than routine follow-up care, are you awaiting any of the following for this condition: medical tests or investigations, procedures, test results, or referral to the hospital or surgery?]
[Have you ever been told your Colon Polyps were due to any of the following: tumor, cancer, pre-cancer, malignancy or pre-malignancy?]
[Are you overdue for your follow-up colonoscopy?]

[How many colon polyps have you had?]
[Has your doctor told you that your Bladder Cancer was completely removed?]
[Have you seen your doctor in the last year for a Bladder Cancer recurrence evaluation and/or follow-up?]
[Have you had cancer more than once?]
[How many years has it been since you completed treatment for your Bladder Cancer?]
[What type of treatment did you have for your Bladder Cancer?]
[Other than routine follow-up care, are you awaiting any of the following for this condition: treatment, medical tests or investigations, procedures, test results, or referral to the hospital or surgery?]
[What type of breast lesion were you diagnosed with? Please select all that apply.]
[Do you or did you have multiple or recurrent breast cysts?]
[Have you ever been told the cyst was any of the following: cancerous, pre-cancerous, malignant or pre-malignant?]
[Has the cyst been completely removed or drained (removal of fluid)?]
[Have you seen your doctor in the last year for a cancer evaluation?]
[What type of treatment did you have for your Prostate Cancer?]
[Was the Prostate Cancer completely removed?]
[Within the last year, was your most recent PSA undetectable (less than 0.1) since your Prostate Cancer was removed?]
[How many years has it been since you completed all treatment for your Prostate Cancer?]
[Within the last year, was your most recent PSA normal per your doctor, which means below 1.0?]
[How many years has it been since your PSA returned to normal following your radiation treatment for Prostate Cancer?]
[Have you been fully released by your medical professional and require no other medical care other than routine follow-ups?]
[Are you evaluated annually by a medical professional for skin lesions?]
[Please choose all skin lesion or skin cancer types which your medical professional diagnosed you with.]
[Was your Dysplastic Nevus (or Nevi) completely removed?]
[How many Dysplastic Nevi have you had completely removed?]
[How many of your family members have been diagnosed with Dysplastic Nevi and/or Melanoma?]
[Have all your Basal Cell Carcinoma lesions been completely removed?]
[How many Basal Cell Carcinoma lesions have you had completely removed?]
[Was your squamous cell skin cancer located on your ear or lip?]
[Other than complete surgical removal of your Squamous Cell Carcinoma lesion(s) or being frozen off with liquid nitrogen treatment, have you had any other treatment such as radiation?]
[How many Squamous Cell Carcinoma lesions have you had completely removed?]
[When was your last Squamous Cell Carcinoma skin lesion removed?]
[What type of treatment did you have for your thyroid cancer?]
[Was the thyroid cancer completely removed?]
[How many years has it been since you completed all treatment for your thyroid cancer?]
[Have you seen your doctor in the last year for a cancer evaluation and/or follow-up?]
[Did the Testicular Cancer spread to your lymph nodes, surrounding tissue or organs, or was it only in your testicles?]
[What type of treatment did you have for your Testicular Cancer?]
[Was your testicular cancer completely removed?]
[How many years has it been since you completed treatment for your Testicular Cancer?]
[Other than routine follow up care visits, are you awaiting any of the following for this condition: medical tests or investigations, test results or referral to hospital or surgery?]

Top level question: Have you ever been treated or diagnosed for drug or alcohol abuse or addiction or been advised by a medical professional to discontinue the use of drugs or alcohol?

Follow-up questions:

The applicant may not be presented with all the follow-up questions listed here. Whether one or more follow-up question(s) are presented to the applicant is contingent on the answer(s) provided to the top level question during the online application process. Further follow up questions from this list may be presented to the applicant depending on answer(s) provided to the previous follow up question(s).

[Which of the following have you been diagnosed or treated for? Please select all that apply.]
[Have you used drugs or drunk alcohol since your diagnosis or first treatment?]
[How many years have you been drug free?]
[How many years have you been sober (completely alcohol-free)?]

Top level question: Other than alcohol and cannabis/marijuana, [in the last [ten years], have you] [have you ever] used any drugs other than as directed or prescribed by your physician or been advised by a medical professional to reduce your use of drugs?

Follow-up questions:

The applicant may not be presented with all the follow-up questions listed here. Whether one or more follow-up question(s) are presented to the applicant is contingent on the answer(s) provided to the top level question during the online application process. Further follow up questions from this list may be presented to the applicant depending on answer(s) provided to the previous follow up question(s).

[Which of the following drugs have you used? Please select all that apply]
[When did you last use amphetamines or cocaine?]
[When did you last use sedatives?]
[When did you last use narcotics?]
[When did you last use prescription drugs other than prescribed by your physician?]
[How many years have it been since you last used amphetamines or cocaine?]
[How many years have it been since you last used sedatives?]
[How many years have it been since you last used narcotics?]
[How many years have it been since you last used prescription drugs other than prescribed by your physician?]

Top level question: [In the last [ten years], have you] [Have you ever] used cannabis/marijuana in any form?

Follow-up questions:

The applicant may not be presented with all the follow-up questions listed here. Whether one or more follow-up question(s) are presented to the applicant is contingent on the answer(s) provided to the top level question during the online application process. Further follow up questions from this list may be presented to the applicant depending on answer(s) provided to the previous follow up question(s).

[When did you last use marijuana in any form?]
[Have you been treated by a medical professional in the last 3 years for any Mental/Nervous Disorder?]
[Have you ever been treated and advised by a medical professional to reduce your use of Alcohol or Drugs?]
[How many times per week do you use marijuana?]

Top level question: How many alcoholic beverages do you consume per day on average?

Follow-up questions:

The applicant may not be presented with all the follow-up questions listed here. Whether one or more follow-up question(s) are presented to the applicant is contingent on the answer(s) provided to the top level question during the online application process. Further follow up questions from this list may be presented to the applicant depending on answer(s) provided to the previous follow up question(s).

[How many times per month do you have more than 6 drinks in a day?]
--

[Have you ever been advised to reduce your alcohol consumption?]

[Do you have any history of blackouts or pancreatitis in the last 3 years?]
--

Top level question: Have you had a biological parent or sibling die from heart disease, cancer, stroke, or diabetes before the age of [70]?
--

Follow-up questions:

The applicant may not be presented with all the follow-up questions listed here. Whether one or more follow-up question(s) are presented to the applicant is contingent on the answer(s) provided to the top level question during the online application process. Further follow up questions from this list may be presented to the applicant depending on answer(s) provided to the previous follow up question(s).

[What age did they die?]

Top level question: [In the last [ten years], have you] [Have you ever] been treated or diagnosed by a medical professional for mental or nervous disorders?

Follow-up questions:

The applicant may not be presented with all the follow-up questions listed here. Whether one or more follow-up question(s) are presented to the applicant is contingent on the answer(s) provided to the top level question during the online application process. Further follow up questions from this list may be presented to the applicant depending on answer(s) provided to the previous follow up question(s).

[Which condition were you treated, diagnosed, or hospitalized for?]
--

[Which mental or nervous disorders?]

[Have you been prescribed medication for this condition?]
--

[How many medications do you take per day for this condition?]

[Have you been disabled, collected disability payments, or been hospitalized for this condition in the past 5 years?]
--

[Have you ever attempted suicide, received treatment for use of drugs/alcohol, or been told by a medical profession to reduce use of drugs/alcohol?]

[When was this condition diagnosed?]

[In the last 12 months have you missed time from work for this condition or has your ability to dress yourself, feed yourself, bathe yourself, or walk been restricted due to this condition?]
--

[In the last 5 years and as a result of this condition, have you been disabled, collected disability payments, or been hospitalized?]
--

[Have you ever attempted suicide or been told to reduce your use of drugs/alcohol?]
--

[In the last 12 months, have you had a depressive episode, or have you missed time from work for this condition?]
--

[When was this condition first diagnosed?]

[Have you ever been hospitalized for PTSD?]
--

[Have you ever attempted suicide, had a drug and/or alcohol overdose, or had suicidal thoughts?]

[Are you currently receiving medical care (including medication) for PTSD?]
--

[How many alcoholic drinks, on average, do you consume per day?]

[How many years since this condition was diagnosed?]

[Have you ever had suicidal thoughts, attempted suicide, or overdosed on drugs or alcohol?]
--

[Have you ever been to the Emergency Room or been admitted to the hospital for this condition?]
--

[In the last 12 months, have you missed time from work for this condition, or did this condition limit your ability to dress yourself, feed yourself, bathe yourself, or walk?]
--

Top level question: Except for reasons previously disclosed or routine physicals with normal results, have you been treated, examined or advised by a medical professional [within the past year]?

Follow-up questions:

We may ask any question that has already been listed on our filing, particularly in cases where we already have a set of follow-up questions that pertain to the condition the applicant selected. Additional questions could also include the following.

The applicant may not be presented with all the follow-up questions listed here. Whether one or more follow-up question(s) are presented to the applicant is contingent on the answer(s) provided to the top level question during the online application process. Further follow up questions from this list may be presented to the applicant depending on answer(s) provided to the previous follow up question(s).

[When was this condition diagnosed?]
[What have you seen a medical professional for? Please provide all that apply.]
[Have you been hospitalized for this condition?]
[When were you hospitalized for this condition?]
[Have you been fully released by your medical professional, have no symptoms, and require no other medical care other than routine follow-ups?]
[At what point were you fully released by your medical professional?]
[How long have you been symptom free?]
[Are you taking prescription medication for this condition?]
[When were you released from the hospital?]
[For which condition were you hospitalized for?]
For which condition were you hospitalized and/or treated for?
[Which medication are you taking?]
[For which condition did you take the medication?]

Top level question: Except for reasons previously disclosed, have you been hospitalized [and/or treated] by a medical professional for any other condition [within the past year]?

Follow-up questions:

We may ask any question that has already been listed on our filing, particularly in cases where we already have a set of follow-up questions that pertain to the condition the applicant selected. Additional questions could also include the following.

The applicant may not be presented with all the follow-up questions listed here. Whether one or more follow-up question(s) are presented to the applicant is contingent on the answer(s) provided to the top level question during the online application process. Further follow up questions from this list may be presented to the applicant depending on answer(s) provided to the previous follow up question(s).

[When was this condition diagnosed?]
[What have you seen a medical professional for? Please provide all that apply.]
[Have you been hospitalized for this condition?]
[When were you hospitalized for this condition?]
[Have you been fully released by your medical professional, have no symptoms, and require no other medical care other than routine follow-ups?]
[At what point were you fully released by your medical professional?]
[How long have you been symptom free?]
[Are you taking prescription medication for this condition?]

[When were you released from the hospital?]
[For which condition were you hospitalized for?]
[For which condition were you hospitalized and/or treated for?]
[Which medication are you taking?]
[For which condition did you take the medication?]

Top level question: Are you taking any other medication (prescription or over the counter) for a condition not previously disclosed?

Follow-up questions:

We may ask any question that has already been listed on our filing, particularly in cases where we already have a set of follow-up questions that pertain to the condition the applicant selected. Additional questions could also include the following.

The applicant may not be presented with all the follow-up questions listed here. Whether one or more follow-up question(s) are presented to the applicant is contingent on the answer(s) provided to the top level question during the online application process. Further follow up questions from this list may be presented to the applicant depending on answer(s) provided to the previous follow up question(s).

[When was this condition diagnosed?]
[What have you seen a medical professional for? Please provide all that apply.]
[Have you been hospitalized for this condition?]
[When were you hospitalized for this condition?]
[Have you been fully released by your medical professional, have no symptoms, and require no other medical care other than routine follow-ups?]
[At what point were you fully released by your medical professional?]
[How long have you been symptom free?]
[Are you taking prescription medication for this condition?]
[When were you released from the hospital?]
[For which condition were you hospitalized for?]
[For which condition were you hospitalized and/or treated for?]
[Which medication are you taking?]
[For which condition did you take the medication?]

Top level question: In the past [five] years were you hospitalized for Coronavirus, also known as COVID-19?

[How many months has it been since you were diagnosed by a medical professional?]
[How many days has it been since you were diagnosed by a medical professional?]
[Has a medical professional advised you to complete any diagnostic testing that has not yet been completed?]