



Combined Accident/Sickness Hospitalization (CAH/CSH)
Outpatient Essentials (OEA/OES) & Accidental Death Essentials (ADE)
Field Underwriting Guidelines

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Introduction

When underwriting Hospital Essentials, Outpatient Essentials, or Accidental Death Essentials products, our goal is to work in partnership with you to provide the information needed to identify with a high degree of accuracy those risks that are acceptable and those that are not. When used correctly, the underwriting manual can have a dramatic effect on your issue rate.

For our product portfolio to remain competitive, we need complete and accurate information to properly assess applicants. This manual describes the information needed during the risk appraisal process. These guidelines will be appropriate for most cases; however, each application will be reviewed on an individual case basis, considering all aspects of the risk.

One of your most important responsibilities as a Sales Representative is to properly select individuals who are eligible for coverage. To assist you in the sales process, we have outlined your responsibilities and *Field Underwriting* expectations below.

SECTION A: COMPLETING THE NEEDS ANALYSIS, ELIGIBILITY, AND MARKETING RULES

Completing the Needs Analysis

It is the sales representative's responsibility to collect the required information before recommending a product to a customer. The interests of the customer must be placed ahead of those of the sales representative. The recommended product must be suitable to the needs of the customer.

The Needs Analysis must consider any existing similar in-force coverage that your customer has, whether with Combined Insurance or another company.

Eligibility

Before submitting the application, it is important that you validate your client(s)' eligibility for Hospital Essentials, Outpatient Essentials, or Accidental Death Essentials coverage.

For the Proposed Insured

Must be between 6 months and 69 years of age inclusively.

Must speak and read English or French.

Must be a permanent resident of Canada.

For Individual and Spouse Coverage

Must be between 18 and 69 years of age inclusively.

For Family Coverage

Oldest must be listed as the Proposed Insured on the application.

Dependent child(ren) must be between 15 days and 17 years of age inclusively.

For **CAH/CSH, OEA/OES, and ADE:**

Primary Insured Minimum Issue Age	Maximum Issue Age	Termination Individual Age	Adding Child* (when policy is in force)	Termination Age of Child (Family Plan)
6 months	69 years	85 years	Newborn, at time of birth	25 years

*A child can be added within 45 days of the child's birth, adoption, or placement without evidence of insurability.

RESIDENCY STATUS – Who can apply for coverage?

It is preferred that applicants are Canadian citizens or maintain a permanent residence in Canada. The application may also be considered if the applicant has already applied for Permanent Residence, holds a Work Permit or student permit, or is a Convention Refugee.

Accepted Residency Status

- Canadian Citizens or Permanent Residents (landed immigrants)
- Permanent Residence applicants (an application for permanent residence has been submitted to Immigration Canada)
- Work Permit holders (Open or Employer Specific but excluding seasonal agricultural workers)
- Student Visa holders (with intention to stay in Canada)
- Convention Refugees

Persons Who Do Not Qualify

It is not appropriate to sell our policies to any adult person who cannot read, write, or afford the premium or is presently on Government Social Assistance (income security benefits or welfare).

Do not write an application to individuals who are confined to a hospital, nursing home, or other institution for medical or physical reasons.

It is requested that you do not write to individuals or groups of individuals involved in organized hazardous activities (whether amateur or professional) that are not for recreation and leisure purpose. A list is provided below but this is not exhaustive. Please call Optima at +1 (877) 420-4806 for additional information or if you have any questions.

Earth:

Skateboarding, Longboarding, Mountain Boarding, Sandboarding, Drifting, BMX, Motocross, FMX, Aggressive Inline Skating, Mountain Biking, Caving, Slacklining, Abseiling, Rock Climbing, Free Climbing, Bouldering, Mountaineering, Parkour, Sand kiting, Zorbing

Water:

Surfing, Waterskiing, Body Boarding, Wakeboarding, Kitesurfing, Windsurfing, Cave diving, Flow boarding, Paddle surfing / Stand up paddle, Kayaking, Cliff Jumping, Coasteering, Scuba Diving, Knee Boarding, White Water Rafting, Skim Boarding, Jet Skiing, Fly boarding/Jet boarding

Snow and Ice:

Snowboarding, Skiing, Ice Climbing, Snowmobiling, Snow Kiting, Monoskiing, Snowblading

Air:

Base Jumping, Skydiving, Wing Suiting, Bungee Jumping, Highlining, Hang Gliding, Paragliding

Marketing Rules

When discussing coverage with a potential client, it is important for you to complete a Needs Analysis to determine if they have other sources of protection. These sources need to be taken into consideration to avoid overinsurance.

If there is other coverage in force and if it matches or exceeds the eligible amount, the proposed insured will not qualify for coverage. If the amount is less than the maximum allowed, an application may be submitted for the difference.

Limitations Regarding Number of Policies and Benefit Amounts

Combined Hospitalization

The maximum benefit overall of \$400/day includes **any old and current Hospitalization policies such as:**

Accident	Sickness
HEA	HES
HIP	SHIP
HERO ⁺	SHIP ⁺
EHERO	ESHIP
EHERO ⁺	ESHIP ⁺

- 1) Determine if the customer has existing relevant coverage.
- 2) The maximum benefit amount regarding the existing HIP/HERO/EHERO coverage owned and HEA coverage applied for must not exceed \$400. The \$400 limit is applicable to the applicant's coverage, as well as any dependents/spouse under the family plan.
- 3) The maximum benefit amount regarding the existing SHIP/ESHIP coverage owned and HES coverage applied for must not exceed \$400. The \$400 limit is applicable to the applicant's coverage, as well as any dependents/spouse under the family plan.

Outpatient Essentials

The maximum benefit overall of \$1200 in Outpatient surgery benefits includes **any old and current Outpatient policies** such as:

Accident
TOP
ITOP

- 1) Determine if the customer has existing relevant coverage.
- 2) The maximum benefit amount regarding the existing TOP coverage owned and OEA coverage applied for must not exceed \$1200. The \$1200 limit is applicable to the applicant's coverage, as well as any dependents/spouse under the family plan.
- 3) The maximum benefit amount regarding the OES coverage owned and coverage applied for must not exceed \$1200. The \$1200 limit is applicable to the applicant's coverage, as well as any dependents/spouse under the family plan.

Note: the maximum benefit amount available on eAgent is only \$1000. If a proposed insured has existing coverage, it can add up to \$1200.

Accidental Death Essentials

The maximum benefit overall of \$200,000 for the Accidental Death (All other causes) benefits includes **any old and current Accidental Death policies** such as:

Accident
Accidental Death Amendment
AD Rider to TOP
Travel Accident/Full Coverage

- 1) Determine if the customer has existing relevant coverage.
- 2) The maximum benefit amount regarding the existing AD&D Amendment coverage owned and ADE coverage applied for must not exceed \$200,000. The \$200,000 limit is applicable to the applicant's coverage, as well as any dependents/spouse under the family plan.

Additional Essentials Coverage

When discussing accident and sickness coverage with a potential client, it is important for you to complete a Needs Analysis to determine if they have other sources of accident and sickness protection. These sources need to be taken into consideration to avoid over-insurance. Other sources of accident and sickness protection include other individual accident and sickness products with another carrier.

If there is other coverage in force and if it matches or exceeds the eligible amount from our table above, the proposed insured will not qualify for coverage. If the amount is less than the maximum allowed, a policy may be written for the difference.

Internal Replacements

Internal Replacements are allowed for this product. The approved replacement form along with the Authorization to cancel should be submitted to the Underwriting Department at markhamunderwriting@ca.combined.com by your regional administrator.

External Replacements

All replacements need to be justified with proper Needs Analysis and Comparative Charts, as per the Company's specific instructions. Please refer to the section called "Replacements" in the "Compliance" manual.

Reinstatement

A policy **can be reinstated** if no premiums are applied to the policy within 60 days of the due date of the policy.

In line with our customer-centric sales system, if the customer wants to retain their existing coverage, the customer must be given the opportunity to apply for reinstatement of the policy for up to one (1) year of the lapse date.

All policies must be reinstated by the customer through the Policy Holder Services Department. The Policy Holder Services Department will mail the policy specific reinstatement application to the customer for their signature.

It is against company policy to sell a new policy of similar, same or like coverage if a current policy is within 60 days of its lapse date. This is considered a replacement and will result in a commission denial.

Commissions will also be denied on new sales, if the sale of new coverage results in similar, same or like coverage being cancelled, lapsing, or remaining unpaid within 60 days after the sale of new coverage.

^{*NEW} A sales representative may request renewals/reinstatements for their clients via DocuSign.

SECTION B: PRODUCT SELECTION – PRODUCT DETAILS & ISSUE LIMITS

Policy Specification Guide

	Combined Hospitalization			
ISSUE AGES	6 months to 69 (for proposed insured) 18 to 69 (for proposed insured and spouse, if applying for family coverage) 15 days to 17 (for proposed insured's dependent child(ren), if applying for family coverage)			
INSURING AGE	The age of the proposed insured on the application date. This age determines premium, and eligibility for the plan(s) selected.			
ISSUE AMOUNTS	Combined Accident Hospitalization		Coverage Available	
	Not Indexed, terminates at age 85		<u>Plan 1</u>	<u>Plan 2</u>
	Hospital Confinement - per day (365 days max)		\$100	\$200
				<u>Plan 3</u>
ISSUE AMOUNTS	Combined Sickness Hospitalization		Coverage Available	
	Not Indexed, terminates at age 85		<u>Plan 1</u>	<u>Plan 2</u>
	Hospital Confinement - per day (365 days max)		\$100	\$200
				<u>Plan 3</u>
PRODUCT SELECTION	Two Product Selection Options are available: <ul style="list-style-type: none"> • Individual Coverage • Family Coverage 			
RENEWABILITY	The policy will continue to renew until the insured person attains the age of 85.			
PREMIUM RATES	Based on Actual Age at the time of application (for Combined Sickness Hospitalization only) Based on amount of coverage and benefits selected			
POLICY DELIVERY	The Combined Accident/Sickness Hospitalization products are home office issued and a copy of the policy will be available on the Combined Self-Service portal if the option to receive the fulfillment package digitally is selected. If the client does not opt for digital fulfillment, a copy will be mailed to the customer by the Underwriting department.			
FEATURES	<ul style="list-style-type: none"> • Daily Hospital Benefit • Daily Intensive Care Benefit • Daily Recovery Benefit following Hospital Confinement • Recovery benefit following Outpatient Surgery for Sickness coverage or Outpatient Surgery/Fracture for Accident coverage • Ambulance Reimbursement 			
EXPIRATION	This policy expires when the insured person reaches age 85.			

	OUTPATIENT ESSENTIALS			
ISSUE AGES	6 months to 69 (for proposed insured) 18 to 69 (for proposed insured and spouse, if applying for family coverage) 15 days to 17 (for proposed insured's dependent child(ren), if applying for family coverage)			
INSURING AGE	The age of the proposed insured on the application date. This age determines premium, and eligibility for the plan(s) selected.			
ISSUE AMOUNTS	Outpatient Essentials Accident		Coverage Available	
	Not Indexed, terminates at age 85	<u>Plan 1</u>	<u>Plan 2</u>	<u>Plan 3</u>
	Outpatient Surgery (Limited to 4 occurrences per policy year)	\$500	\$750	\$1000
	Outpatient Essentials Sickness		Coverage Available	
	Not Indexed, terminates at age 85	<u>Plan 1</u>	<u>Plan 2</u>	<u>Plan 3</u>
	Outpatient Surgery (Limited to 4 occurrences per policy year)	\$500	\$750	\$1000
PRODUCT SELECTION	Two Product Selection Options are available: - Individual Coverage - Family Coverage			
RENEWABILITY	The policy will continue to renew until the insured person attains the age of 85.			
PREMIUM RATES	Based on Actual Age at the time of application (for Outpatient Essentials Sickness only) Based on amount of coverage and benefits selected			
POLICY DELIVERY	The Outpatient Essentials products are home office issued and a copy of the policy will be mailed to the customer by the Underwriting department.			
FEATURES	- Outpatient Surgery Benefit - Rehabilitative Therapy Benefit - Medical Appliance Reimbursement Benefit			
EXPIRATION	This policy expires when the insured person reaches age 85.			

	ACCIDENTAL DEATH ESSENTIALS													
ISSUE AGES	6 months to 69 (for proposed insured) 18 to 69 (for proposed insured and spouse, if applying for family coverage) 15 days to 17 (for proposed insured's dependent child(ren), if applying for family coverage)													
INSURING AGE	The age of the proposed insured on the application date. This age determines premium, and eligibility for the plan(s) selected.													
ISSUE AMOUNTS	<table><tr><td rowspan="3">Accidental Death Essentials Not Indexed, terminates at age 85 Accidental Death Benefit (All Other Causes)</td><td colspan="3">Coverage Available</td></tr><tr><td><u>Plan 1</u></td><td><u>Plan 2</u></td><td><u>Plan 3</u></td></tr><tr><td>\$50,000</td><td>\$100,000</td><td>\$200,000</td></tr></table>				Accidental Death Essentials Not Indexed, terminates at age 85 Accidental Death Benefit (All Other Causes)	Coverage Available			<u>Plan 1</u>	<u>Plan 2</u>	<u>Plan 3</u>	\$50,000	\$100,000	\$200,000
Accidental Death Essentials Not Indexed, terminates at age 85 Accidental Death Benefit (All Other Causes)	Coverage Available													
	<u>Plan 1</u>	<u>Plan 2</u>	<u>Plan 3</u>											
	\$50,000	\$100,000	\$200,000											
PRODUCT SELECTION	Two Product Selection Options are available: <ul style="list-style-type: none">- Individual Coverage- Family Coverage													
RENEWABILITY	The policy will continue to renew until the insured person attains the age of 85.													
PREMIUM RATES	Based on amount of coverage and benefits selected													
POLICY DELIVERY	The Accidental Death Essentials product is home office issued and a copy of the policy will be mailed to the customer by the Underwriting department.													
FEATURES	<ul style="list-style-type: none">- Accidental Death Benefit – Common Carrier- Accidental Death Benefit – All Other Causes- Single Dismemberment Benefit- Multiple Dismemberment Benefit													
EXPIRATION	This policy expires when the insured person reaches age 85.													

SECTION C: PREQUALIFICATION PROCESS - MEDICAL FIELD UNDERWRITING & APPLICATION COMPLETION

Underwriting and Its Importance

Underwriting is the primary process used to determine how much risk a proposed insured represents. It is a critical factor when determining whether to issue Life and Health insurance because it protects not only the financial health of the insurance company and the sales representative, but also the financial wellbeing of the insured. To examine this risk the underwriter must gather information relating to the individual who is applying for coverage.

The first step of the underwriting process is *FIELD UNDERWRITING*.

Why is field underwriting so critical?

It is the initial evaluation of an applicant's information to determine if they qualify for a specific type of coverage. It is a preliminary assessment of the insurability of the applicant.

The medical guide and this guideline are your primary tools to help you make a sound assessment of the applicant's insurability before submitting the application to home office.

Underwriting Decision Terminology

Approve – coverage was approved as applied for.

Decline – coverage was not issued because the risk is uninsurable.

Withdraw – applicant requested application to be withdrawn for consideration; underwriting did not make a final decision with respect to insurability.

Incomplete – specific underwriting requirement was needed (i.e., telephone interview) but was never received.

Keys to Getting Policies Issued

The E-Agent application has been designed to facilitate the application process. Please ensure accurate and detailed completion of the following:

- Correct spelling of the Applicant's name
- Correct spelling of the Owner's name (if applicable)
- Complete address information (including unit number, if applicable) including phone number for residence and business if applicable
- Existing insurance in force or pending including amount of coverage and start date of coverage.
- Replacement question and if applicable the inclusion of the completed replacement form
- Use of the Sales Representative Report for any additional information material to the evaluation of the application
- Inform the applicant that, should it be required, they may receive a call from a Dynacare representative to conduct a telephone interview to review relevant information on their application.

In addition to having an acceptable health status, a proposed insured applying for a Sickness Hospitalization or Outpatient Essentials Sickness policy must also meet height and weight requirements. These requirements can be found in the Medical Guide.

Medical Underwriting

Knowledge of the proposed insured's medical history and current physical condition is essential. An extensive adverse medical history indicates questionable risk. Question each proposed insured very carefully regarding any medical terms with which you are not familiar. Such terms may pertain to medical conditions which are unacceptable by underwriting standards and, thereby disqualify the individual from purchasing insurance coverage.

For example, in cases such as: "sugar in urine", "high blood sugar", etc., further questioning is necessary to ensure it is not a form of uninsurable diabetes.

Completing the Application

The application is the critical piece in determining whether a policy contract will be issued. It forms part of a legal document. Depending on the type of coverage being applied for, the careful and proper completion of the application concerning such factors as occupation, income, medical history, and physical condition is critical as the underwriter's decisions are fundamentally based on this information.

The accuracy and amount of detail will greatly affect time of service, and in many cases will reduce the need for additional information from outside sources. Inaccurate information may lead to the application being denied for material or fraudulent misrepresentation. If a policy is approved before such information is made known to us, it may later be rescinded – often just when the insured has the greatest need for coverage.

The application paints a picture of the risk. The questions provide essential information required to assess the risk. Providing detailed answers to all questions will prevent unnecessary delays. Vague and uncertain answers must be avoided.

If using paper, please contact your regional administrator for directions and guidance. We cannot accept applications that have altered dates, "white-out", or other changes, or the use of a pencil, or more than one different pen or writer. Should any changes be necessary before submission of the application, they should be initialed by the proposed insured as evidence of his/her acceptance of the change.

To assist you in the application completion process, a "Proper Completion of the OEA/OES, ADE Application" document (294904 EN and 294905 FR) was developed.

The underwriting department has the discretion to decline any application it determines would not be an acceptable risk or if a combination of medical conditions is unacceptable from risk relevant information admitted on the application, from prior coverage, claim history, from information developed during the PHI or any other sources.

Outpatient Essentials Accident, Accidental Death Essentials, and Accident Hospitalization (OEA/ADE/CAH)

These products **do not** require additional medical underwriting. If an applicant is ineligible for any of the sickness policies due to their medical condition, they may be eligible for an accident product instead.

Outpatient Essentials Sickness and Sickness Hospitalization (OES/CSH)

Prospects qualify for OES and CSH coverage if they answer “No” to the medical underwriting questions and provided that their height and weight falls within our Height and Weight guidelines, all presented below.

Application Question Set

These questions must be asked of all applicants, which means that in the case of individual and spouse coverage, the proposed insured, and spouse if applicable, must all be able to answer “No” to these questions below:

If any of the BELOW questions are answered “Yes”, the Proposed Insured and/or the Proposed Insured’s spouse is not eligible for coverage.

1) Within the past five (5) years, has anyone applying for coverage consulted a healthcare professional, undergone a medical exam, diagnostic tests, surgery, or been diagnosed with or prescribed medication, or been recommended to have treatment by a physician for any of the following health problems:

A) HEART & CIRCULATORY SYSTEM –

- ANEURYSM
- ANGINA
- ATRIAL FIBRILLATION
- CONGESTIVE HEART FAILURE
- CORONARY ARTERY DISEASE
- HEART ATTACK / MYOCARDIAL INFARCTION
- HEART VALVE REPLACEMENT
- PERIPHERAL ARTERY / VASCULAR DISEASE

B) NERVOUS SYSTEM –

- ALZHEIMER’S DISEASE
- AMYOTROPHIC LATERAL SCLEROSIS / LOU GEHRIG’S DISEASE
- CEREBRAL PALSY
- CYSTIC FIBROSIS
- DEMENTIA
- DOWN SYNDROME
- MULTIPLE SCLEROSIS
- MUSCULAR DYSTROPHY
- PARKINSON’S DISEASE
- CEREBRAL VASCULAR ACCIDENT-CVA / STROKE
- TRANSIENT ISCHEMIC ATTACK (TIA)

C) BLOOD, GLANDULAR & ENDOCRINE SYSTEM –

- HEMOPHILIA
- HYPERTHYROIDISM
- DIABETES INSIPIDUS

D) IMMUNE SYSTEM –

- Have you ever had any positive test, treatment for or exposure to Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)?

E) LIFESTYLE –

- Within the past five (5) years, have you been arrested, charged, incarcerated, or been convicted of a criminal offence?
- Within the past two (2) years, have you been charged with careless driving or driving under the influence of alcohol or drugs?
- Within the past five (5) years, have you been treated for or received medical advice or counseling for the use of drugs or alcohol?

SUPPLEMENTAL HEALTH DECLARATION –

F) CANCER –

- CANCER OF ANY KIND
- BASAL CELL CARCINOMA OF THE SKIN
- HODGKIN'S DISEASE
- LEUKEMIA
- LYMPHOMA
- MELANOMA
- MALIGNANT TUMOUR

G) DIABETES MELLITUS –

- Type 1 & 2 – Diagnosed before age 40 and/or Insulin Dependent

SECTION D: IMPORTANT DETAILS TO REMEMBER

Minimum Legal Age to Contract for Health Insurance

In this guide, there are specific rules and procedures, which pertain to ownership, proper signatures, naming of beneficiaries, replacement, as well as medical questions asked.

Regarding how these concepts apply to Health insurance, it is important for you to know and understand the minimum legal age to contract and the age of majority.

Minimum Legal Age to Contract: The minimum legal age to contract for purpose of insurance is age 18. The Age of Majority is 18 years.

It is very important to not complete an application for an Owner below this minimum legal age and outside of this product's issue ages. Failure to comply with the Minimum Legal Age to Contract rule and established issue ages is a violation of Underwriting Rules.

Policy Ownership

The owner of the policy is the person listed in the application to whom ALL RIGHTS AND PRIVILEGES of the policy are vested. There can only be one Owner for each health policy. If no owner is identified, it will be assumed to be the proposed insured.

In cases where the owner is an individual other than the proposed insured, the individual must have insurable interest in the life of the proposed insured. Insurable interest means that the owner will suffer some monetary loss by the premature death of the proposed insured. The amount of coverage should be commensurate with potential monetary loss.

A person has insurable interest in the life of:

- Their spouse
- Their child or grandchild
- Any person on whom they are financially dependent or from whom they are receiving support.
- Himself or herself

On each application, there is a specific area – located below the Owner's Name and date of birth – to designate what the Owner's relationship is to the proposed insured. This area must be completed when the insured is someone other than the Owner.

The Owner of the policy must be a natural person and not a business entity.

Signatures

All required signatures must be obtained at the time the application is completed.

When an individual applies for a policy on his/her own life, only one signature is required at the time of sale – that of the individual applying for coverage. He/she must sign in the space marked, "Signature of Owner".

When an individual applies for a policy on the life of a different person (only as permitted), signatures are required at the time of sale for the Owner and the proposed insured. The individual applying for coverage is considered the Owner and must sign in the space marked, "Signature of Owner". No one other than the Owner may sign in this space. In addition, the individual for whom the policy is being purchased, the proposed insured, must sign in the space marked, "Signature of Proposed Insured". Again, no one other than the proposed insured may sign in this space.

A spouse may sign for the proposed insured; however, it must be in the following format: **Jill Smith, spouse for John Smith.**

Proposed Insured is a minor

If the proposed insured is a minor, the signature of the proposed insured is not required on the application. However, the Owner must sign in the field marked "**Signature of Owner (if other than proposed insured)**".

Beneficiary

One of the most important considerations when purchasing health insurance is who will receive the proceeds if the insured should die. For this reason, it is vitally important that the Sales Representative be thoroughly aware of the implications of different beneficiary designations to truly serve the needs of his/her client.

"Estate as beneficiary": The proposed insured/owner should be counseled that proceeds payable to the estate of the insured/owner through intentional or sometimes random naming of the estate as beneficiary, will be paid to the administrator or executor of the estate, which may result in additional taxes.

"Minors as beneficiaries": A minor named as beneficiary cannot directly receive the benefits from a health insurance policy. Instead, payment would be withheld until a legal guardian could be court-appointed.

"Irrevocable beneficiaries": There are several useful reasons to designate an irrevocable beneficiary. For tax purposes, it is sometimes advantageous. In the province of Quebec, if the proposed insured has designated his/her married or civil union spouse as beneficiary, the designation is automatically irrevocable unless otherwise indicated in the Beneficiaries section of the application.

When completing the designation, make sure the full name of the Beneficiary is indicated. For example, "Janet B. Smith" is correct, not "Mrs. Tom Smith". If more than one Beneficiary is requested, the full given names should be listed without connective words such as "or"; "and/or", "Mr. or Mrs." or words such as "shared equally". It is very important that the entire name(s) of the contingent beneficiary(s) is clearly indicated.

If you are specifying percentage share when naming beneficiaries on the application, please make sure the percentage shares add up to 100%.

The Underwriting Department at Combined Canada is your partner. We wish you great success and we are here to support you. Please do not hesitate to contact us with your questions or suggestions.

Appendix A. Height/Weight Table

Height		BMI <38.5	
		Maximum Weight	
Feet & Inches	Centimetres	Pounds	Kilograms
4' 7"	140	165	75
4' 8"	142	171	78
4' 9"	145	177	80
4' 10"	147	184	83
4' 11"	150	190	86
5' 0"	152	197	89
5' 1"	155	203	92
5' 2"	157	210	95
5' 3"	160	217	98
5' 4"	163	224	102
5' 5"	165	231	105
5' 6"	168	238	108
5' 7"	170	245	111
5' 8"	173	253	115
5' 9"	175	260	118
5' 10"	178	268	122
5' 11"	180	276	125
6' 0"	183	283	128
6' 1"	185	291	132
6' 2"	188	299	136
6' 3"	191	308	140
6' 4"	193	316	143
6' 5"	196	324	147
6' 6"	198	333	151
6' 7"	201	341	155
6' 8"	203	350	159
6' 9"	206	359	163
6' 10"	208	368	167
6' 11"	211	377	171
7' 0"	213	386	175

NOTE:

If the height is given in terms of half inches, as in 5'10 1/2" simply use the next greater height, or 5' 11", to determine weight limits.