



**Combined Accident Disability (CAD) and
Combined Sickness Disability (CSD) Field Underwriting Guidelines**

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Introduction

When underwriting Combined Accident/Sickness Disability products, our goal is to work in partnership with you to provide you with 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.

Terms used hereunder:

Combined Accident Disability - CAD

Combined Sickness Disability – CSD

Eligibility

Before submitting the application, it is important that you validate your client(s)' eligibility for Accident/Sickness Disability coverage.

For the Primary Insured

Must be between 16 and 69 years of age inclusively.

If selecting Return of Premium (ROP) coverage, must be between 16 and 54 years of age inclusively.

The policy will terminate when the individual reaches 75 years of age.

RESIDENCY STATUS – Who can apply for coverage?

It is preferred that applicants are a Canadian citizen or maintains a permanent residence in Canada. Your application may also be considered if your client 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 Refugee

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 Amount

The maximum benefit overall of \$3000/month includes **any old and current Disability policies** such as:

Accident	Sickness
CAD	CSD
IEA	IES
Income Guard	Income Guard
DA	SDP
DAP	SIP
DIA	

- 1) Determine if the customer has existing relevant coverage.
- 2) The total benefit amount of the existing CAD/IEA/Income Guard/DA/DAP/DIA coverage owned, and CAD coverage applied for must not exceed \$3000.
- 3) The total benefit amount of the existing CSD/IES/Income Guard/SDP/SIP coverage owned and CSD coverage applied for must not exceed \$3000.

**** Note –** If a client has an existing Income Guard policy and is looking for additional CAD or CSD coverage, the Underwriting team will evaluate the application for additional coverage based on the client's eligible income. If the client's income is acceptable, we will issue the additional coverage.

Additional Combined Accident/Sickness Disability 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.

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.

Renewal & Reinstatement

A customer can apply to renew a policy that has lapsed but only within 60 days of the last due date of the policy. They will need to pay back premiums to bring the policy to current date. Please contact Optima at +1 (877) 420-4806 for assistance.

In line with our customer-centric sales system, if a customer's policy has lapsed for more than 60 days and the customer wants to retain his or her 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.

When reinstatement requests are received in the Call Centre, the policy-specific reinstatement application will be sent to the sales representative or customer for completion. Completed applications for reinstatement should be directed to the Underwriting Department email at Markhamunderwriting@ca.combined.com. To reinstate the insured must furnish Combined with satisfactory evidence of insurability.

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 penalty.

***NEW** A sales representative may request renewals and reinstatements for their clients via DocuSign.

Please note that effective April 1, 2020, applications for reinstatement for policies with Return of Premium (ROP) will no longer be accepted. This means that, to maintain a policy with a ROP feature, a client must renew his or her policy(ies) within 60 days of the due date of the policy. To aid in identifying ROP policies, please refer to the listing of all ROP policy form numbers provided by field administration.

SECTION B: PRODUCT SELECTION - PRODUCT DETAILS & ISSUE LIMITS

Policy Specification Guide

	Combined Accident/Sickness Disability - CAH & CSH
ISSUE AGES	16 years to 69 years with no Return of Premium, 16 years to 54 years with ROP
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	\$500 to \$3,000 in \$50 increments
PRODUCT SELECTION	Individual Coverage only Two Optional Riders are available: <ul style="list-style-type: none"> • 50% Return of Premium Benefit • 100% Return of Premium Benefit
BENEFIT PERIOD	6 months Benefit Period Accumulation - One month for each year in force up to 24 months maximum for Total Disability
RENEWABILITY	The policy will continue to renew until the insured person attains the age of 75. All optional ROP riders will terminate immediately following the first ROP payout occurring after the policyholder turns 55.
PREMIUM RATES	Based on Actual Age at the time of application (for Combined Sickness Disability only) Based on amount of coverage and benefits selected
POLICY DELIVERY	The Combined Accident/Sickness Disability 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	Total Disability Benefit: <ul style="list-style-type: none"> • Pays 100% of monthly benefit in all months for up to 6 Months Partial Disability Benefit: <ul style="list-style-type: none"> • Pays 100% of monthly benefit for up to 30 days Return to Work Benefit: <ul style="list-style-type: none"> • Pays 50% of monthly benefit, limited to 30 days. Must follow Total Disability
EXPIRATION	This policy expires when the insured person reaches age 75.

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 to apply 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.

The next step is **Home Office Underwriting**. This consists of the following:

- Application screening by the underwriter. This is a detailed review of the information submitted on the application.
- Underwriting will evaluate the significance of any impairment(s) individually or together to determine what type of risk is presented.

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.

What a Sales Representative Should Always Ask When Field Underwriting

Whenever the client answers "YES" to having any condition or having undergone any procedure, but answers "NO" to all medical questions applied asked in the medical guide, they are eligible for coverage. The sales representative must supply additional information about the condition or procedure.

Please refer to the questions below and report any additional information not able to be captured in the supplemental health questionnaire section of the application.

Please refer to the bulleted questions below, and any additional information must be reported in the Medical Underwriting section on the application.

- What was the diagnosis received from the medical professional? When was the first diagnosis?
- Is the applicant taking any medication? If so, what medication, at what dosage? Following doctor's recommendation? Off label use?
- When did the last occurrence/episode/symptom occur?
- When was the last time they had a follow up with their doctor?
- Have they been hospitalized for any reason? If so, why, and when?
- Did they undergo any tests in the last two years? For what ailment?
- Do they have any pending tests/diagnostic tests or surgery to undergo? If so, for what?
- Are they currently under any treatment plan recommended by a medical professional?
- Have they missed any time from work in the last 12 months due to the condition? If so for how long?
- Did the applicant receive any disability benefits due to the condition in the last 12 months?

Remember

If you require further clarification or assistance on any of the guidelines or policy and coverage related inquiries, please contact our *Agent Service Centre (ASC)* partners at Optima. Contact number: +1 (877) 420-4806.

You may also submit your inquiries to markhamunderwriting@ca.combined.com and an Underwriter will get back to you within 2 business days.

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 answered accurately, and all appropriate forms completed and approved (if applicable)
- Use of the Sales Representative Report for any additional information material to the evaluation of the application

In addition to having an acceptable health status, a proposed insured applying for a Combined Sickness Disability policy must also meet height and weight requirements. These requirements are provided 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.

Please be sure to consult the medical guide when writing policies. Please report any additional information not able to be captured in the supplemental health questionnaire section of the application.

If you are ever in doubt about a medical term, medical condition, or prescribed medicine, do not hesitate to our *Agent Service Centre (ASC)* partners at Optima (Contact number: +1 (877) 420-4806). and ask for assistance. They will gather your information and, if necessary, connect you to an underwriter for further assistance. You may also submit your inquiries to markhamunderwriting@ca.combined.com and an Underwriter will get back to you within 2 business days.

Medical Guide

You will note that after each medical condition there is a brief description of the condition followed by, in most cases, bullet point statements that you will need to ask the proposed insured. The proposed insured must answer "NO" to each of the statements for you to be able to submit the application. Any "YES" answer to these statements would make the proposed insured uninsurable and you may not submit the application.

Following the field underwriting information in the guide will increase the probability that the application will be approved. However, there may be applications that are declined by the underwriter even though the proposed insured answered "NO" to all the qualifying statements. This is usually the result of information obtained through claim history, telephone interview or medical records that was not brought to your attention.

For any proposed insured that has been recommended or scheduled any diagnostic testing, (included but not limited to blood work, CT scan, MRI, x-ray, cardiovascular work-up) or surgery, if possible, **please reschedule the sales appointment and application so that any pending test can be completed once the applicant's diagnostic test(s) results are available.**

If the space is marked Uninsurable - the proposed insured does not qualify and may not apply for the product.

If the space is marked "Refer to Questions Applied" all bullets point Yes / No questions apply. Any "yes" answer would render the proposed insured uninsurable for the product/plan in question.

If the space is marked "Okay to Submit" the proposed insured remains eligible for coverage.

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.

The *Catch All Section* provides additional questions for you to ask the applicant about any medical conditions or medical procedures they have admitted to having. Their answers to these questions should be recorded appropriately.

The “Sales Representative’s Report” can be used to add to the picture contained in the application. For complex situations, a covering letter can be very helpful, please send to markhamunderwriting@ca.combined.com and an Underwriter will get back to you within 2 business days.

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.

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.

Combined Accident Disability (CAD)

This product **does 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.

Combined Sickness Disability (CSD)

Prospects qualify for CSD 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

A “Yes” answer to any of the [questions 1 or 3](#), is an automatic decline. A “Yes” answer to questions [2 or 4](#), the applicant must provide further details.

- 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

- 2) Within the past five (5) years, has anyone applying for coverage received any medical advice (including referrals to medical professionals) or taken any prescription medication for any other medical condition(s) not listed above, excluding flu, colds, and routine physicals?

If the applicant answers "Yes" this question, details must be recorded in the Additional Health information section. Using the question prompts provided in the *Catch-All* section of the medical guide, please **provide as much detail as possible** on the condition of the applicant.

- 3) Is the proposed insured currently Disabled (receiving Worker's Compensation, Social Security)?
- 4) Within the past 12 months, has the proposed insured applied for or received Disability Benefits (including Worker's Compensation or Social Security)?

Financial Underwriting

The sales representative should ensure that the company can easily determine the proposed insured's financial information and the purpose of the insurance. Failure to do so may result in delays in underwriting. The amount of insurance requested on an individual must be reasonable and proper in accordance with his/her financial situation. The underwriting department gives special consideration to applications requesting large amounts of coverage. Factors taken into consideration are age, occupation, annual earnings, net worth, and amounts of similar insurance already in force. Please see the Combined Sickness Disability Income Requirements Chart below to determine the amount of coverage that is available.

Gross Annual Income Range	Maximum Monthly Benefits Allowed
\$0-\$14,999	\$500
\$15,000-\$19,999	\$750
\$20,000-\$24,999	\$1,000
\$25,000-\$29,999	\$1,250
\$30,000-\$34,999	\$1,500
\$35,000-\$39,999	\$1,750
\$40,000-\$44,999	\$2,000
\$45,000-\$49,999	\$2,250
\$50,000-\$54,999	\$2,500
\$55,000-\$59,999	\$2,750
\$60,000+	\$3,000

Employment Requirements and Unemployed Individuals

There are no employment requirements; however unemployed individuals are limited to \$500 of monthly benefits.

Underwriting Department Support

If you require further clarification on any of the guidelines, please call our toll-free number +1 (888) 234-4466 to reach our *Agent Service Centre (ASC)* at Optima.

You may also submit your inquiries to markhamunderwriting@ca.combined.com and an Underwriter will get back to you within 2 business days.

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 appropriate for 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.

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.