

Underwriting Guidelines

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AGE AND AMOUNT REQUIREMENTS

It is the responsibility of the Advisor to order the routine age and amount requirements. It is best to prepare an illustration which will show the requirements necessary for the plan and face amount applied for.

BMO Insurance's Underwriting Department may, at its discretion, order any additional requirements deemed necessary to evaluate the application for insurance.

See appropriate Table of Age & Amount Requirements by product.

Application Forms by Plan

Plan	Amount of Premium	Commission Rates
All Universal Life	Application for Life Insurance and Critical Illness Insurance	126E 727 Smart App
All Critical Illness		
All Non-participating Whole Life		
All Term		

Application and Amount

The total of all insurance pending and/or issued within the last 12 months by BMO Insurance is to be taken into consideration for the purpose of establishing the Age and Amount Requirements.

Accelerated Underwriting

Accelerated underwriting applies to our life insurance products as follows:

- Ages 18-40 – up to and including \$5,000,000 of total life insurance coverage
- Ages 41-50 – up to and including \$3,000,000 of total life insurance coverage
- Ages 51-60 – up to and including \$750,000 of total life insurance coverage

More specifically, this applies to the following term, universal life and whole life insurance plans:

- Term Life (10, 15, 20, 25 or 30)
- BMO Insurance Whole Life (Estate Protector and Wealth Accelerator)
- Life Dimensions or Life Dimensions (Low Fees)
- Wealth Dimensions
- Term 100

Please see the link to the Advisor's Website for further details:

<https://www.bmo.com/advisor/PDFs/accelerated-underwriting-faq-870e.pdf>

UNDERWRITING REQUIREMENTS – UNIVERSAL LIFE, WHOLE LIFE AND TERM TO 100 PRODUCTS

(Effective date: February 26, 2024)

(Including Term riders. For term riders the total face amount should be used in determining the requirements.)

An illustration is required for all Universal Life and Whole Life applications.

Current Amount	Issue Age (Age Nearest)							
	0-17	18-40	41-45	46-50	51-55	56-60	61-70	71 & over ¹
\$25,000 - 99,999	N	T	T	T	T	T	TV1	TV3
\$100,000 - \$249,999	N	T	T	T	T	T	TV2	TV3
\$250,000 - \$300,000	N	T	T	T	T	T	TV2	TV3
\$300,001 - \$500,000	N + A	T	T	T	T	T	TV2	TV3
\$500,001 - \$750,000	N + A	T	T	T	T	T	TV3	TV3
\$750,001 - \$1,000,000	N + A	T	T	T	TV2	TV2	TV3	TV3
\$1,000,001 - \$2,000,000	TV + A	T	T	T	TV2	TV3	TV3	TV3
\$2,000,001 - \$3,000,000	TV + A	T	T	T + A	TV2	TV3	TV3	TV3
\$3,000,001 - \$5,000,000	B + A	T	TV2	TV2	TV3	TV3	TV3	TV3
\$5,000,001 - \$10,000,000	B + A + F	TV3 + F	TV3 + F	TV3 + F	TV3 + F	TV3 + F	TV3 + F	TV3 + F + M
\$10,000,001 - up	B + A + F	TV3 + F + M	TV3 + F + M	TV3 + F + M	TV3 + F + M	TV3 + F + M	TV3 + F + M	TV3 + F + M

LEGEND			
N	Non-Medical Note: Tele-interview can be ordered in lieu of completing the Non-Medical Questions	1²	Urinalysis
T²	Tele-Interview Note: Tele-Interview cannot be substituted with a Paramedical.	2²	Blood Profile, Urinalysis
TV²	Tele-Interview & Vitals Note: Paramedical can be ordered in lieu of a Tele-Interview & Vitals	3²	Blood Profile, Urinalysis, APS
B²	Paramedical		
A²	Attending Physician's Statement		
F	Financial: Third party verification <i>Personal Insurance:</i> Tax returns for the past 2 years (T1) or a letter from an Accountant confirming both the applicant's income and net worth. A cover letter outlining the purpose of the insurance, how the amount was determined, and any sales concepts used. <i>Business Insurance:</i> Financial Statements for both the Operating Company and Holding Company for the last 3 years (or 2 years of comparative statements), preferably audited, a copy of the loan agreement and organizational charts as applicable. A cover letter outlining the purpose of the insurance, how the amount was determined, and any sales concepts used. Note: Inspection/Business Beneficiary Report can be ordered in lieu of Third party verification.		
M²	Motor Vehicle Report		

¹ Activities of Daily Living (ADL) Questionnaires will be completed by the Para-Medical examiner for clients 75 & over.

² If evidence is required, it should be ordered through Dynacare as our main provider.

The "Current Amount" is defined as the total amount of insurance currently pending and/or issued within the last 12 months by BMO Insurance.

All Tele-Interviews MUST be ordered from Dynacare.

APS Guidelines

- BMO Insurance reserves the right to request an APS at any time.
- Refer to APS Guidelines in the Underwriting Guidelines – Definitions section.

Medical Guidelines

- When offering a Critical Illness Rider on a Universal Life plan, medical requirements listed in the section Underwriting Requirements – Critical Illness Base Plan & Riders must also be considered.
- Refer to Validity of Documents in the Underwriting Guidelines – Definitions section.

UNDERWRITING REQUIREMENTS – TERM 10, 15, 20, 25, 30

(Effective date: February 26, 2024)

(Including Term riders. For term riders the total face amount should be used in determining the requirements.)
An illustration is required for all Universal Life and Whole Life applications.

Current Amount	Issue Age (Age Nearest)						
	18-40	41-45	46-50	51-55	56-60	61-70	71-75 ¹
\$100,000 – \$249,999	T	T	T	T	T	TV2	TV3
\$250,000 – \$300,000	T	T	T	T	T	TV2	TV3
\$300,001 – \$500,000	T	T	T	T	T	TV2	TV3
\$500,001 – \$750,000	T	T	T	T	T	TV3	TV3
\$750,001 – \$1,000,000	T	T	T	TV2	TV2	TV3	TV3
\$1,000,001 – \$2,000,000	T	T	T	TV2	TV3	TV3	TV3
\$2,000,001 – \$3,000,000	T	T	T + A	TV2	TV3	TV3	TV3
\$3,000,001 – \$5,000,000	T	TV2	TV2	TV3	TV3	TV3	TV3
\$5,000,001 – \$10,000,000	TV3 + F	TV3 + F	TV3 + F	TV3 + F	TV3 + F	TV3 + F	TV3 + F + M
\$10,000,001 – up	TV3 + F + M	TV3 + F + M	TV3 + F + M	TV3 + F + M	TV3 + F + M	TV3 + F + M	TV3 + F + M

Refer to the Term Insurance Product Overview (215E) or Wave illustration software for the minimum and maximum issue ages for each term plan.

LEGEND			
B²	Paramedical	1²	Urinalysis
T²	Tele-Interview Note: Tele-Interview cannot be substituted with a Paramedical.	2²	Blood Profile, Urinalysis
TV²	Tele-Interview & Vitals Note: Paramedical can be ordered in lieu of a Tele-Interview & Vitals	3²	Blood Profile, Urinalysis, APS
A²	Attending Physician's Statement		
F	Financial: Third party verification <i>Personal Insurance:</i> Tax returns for the past 2 years (T1) or a letter from an Accountant confirming both the applicant's income and net worth. A cover letter outlining the purpose of the insurance, how the amount was determined, and any sales concepts used. <i>Business Insurance:</i> Financial Statements for both the Operating Company and Holding Company for the last 3 years (or 2 years of comparative statements), preferably audited, a copy of the loan agreement and organizational charts as applicable. A cover letter outlining the purpose of the insurance, how the amount was determined, and any sales concepts used. Note: Inspection/Business Beneficiary Report can be ordered in lieu of Third party verification.		
M²	Motor Vehicle Report		

¹ Activities of Daily Living (ADL) Questionnaires will be completed by the Para-Medical examiner for clients 75 & over.

² If evidence is required, it should be ordered through Dynacare as our main provider.

The "Current Amount" is defined as the total amount of insurance currently pending and/or issued within the last 12 months by BMO Insurance.

All Tele-Interviews MUST be ordered from Dynacare.

APS Guidelines

- BMO Insurance reserves the right to request an APS at any time.
- Refer to APS Guidelines in the Underwriting Guidelines – Definitions section.

Medical Guidelines

- Anytime an APS is a routine requirement and a Paramedical is being ordered, request a current Medical exam instead of the Paramedical, if the client has not seen their personal physician within the last 6 months.
- Refer to Validity of Documents in the Underwriting Guidelines – Definitions section.

UNDERWRITING REQUIREMENTS – BUSINESS GUARANTEED INSURABILITY OPTION (BGIO)

Available on Life Dimensions, Term 10, Term 15, Term 20, Term 25, Term 30 and Term 100.

Age and Amount Requirements

- Based on the total of the base plan plus the maximum option amount of the BGIO Rider
- Maximum BGIO amount is \$10,000,000

E.g. M50NS

Base Plan: \$1,000,000 Life Dimensions

BGIO Maximum Option Amount: 1,500,000 (500,000 FMV)

Underwriting Requirements: Age amount requirements based on \$2,500,000 – Tele-Interview, Vitals, Blood, Urinalysis, Financial Questionnaire

Financial Requirements

- The last three (3) years audited financial statements;
- Completion of Business Guaranteed Insurability Option (BGIO) Worksheet 416E;
- Articles of Incorporation confirming ownership
- If you have a formal fair market value calculation completed by your accountant, please provide.
- For more information you can refer to the [BGIO fact sheet \(423E\)](#)

UNDERWRITING REQUIREMENTS – CRITICAL ILLNESS BASE PLAN & RIDERS

(Effective date: February 26, 2024)

Current Amount	Issue Age (Age Nearest)			
	18-40	41-50	51-60	61-65
\$0 – \$99,999	N	N	TV1	TV1
\$100,000 – \$250,000	N	N1	TV2 + P	TV5 + P
\$250,001 – \$500,000	N2	TV2	TV5 + P	TV5 + P
\$500,001 – \$1,000,000	TV2 + A + FQ	TV5 + FQ	B5 + P + FQ	B6 + P + FQ
\$1,000,001 – \$2,000,000	TV5 + I	B5 + I	B5 + P + I	B6 + P + I

LEGEND			
N	Non-Medical Note: Tele-interview can be ordered in lieu of completing the Non-Medical Questions	1²	Urinalysis
TV²	Tele-Interview & Vitals Note: Paramedical can be ordered in lieu of a Tele-Interview & Vitals	2²	Blood Profile, Urinalysis
B²	Paramedical	3²	Blood Profile, Urinalysis, APS
A²	Attending Physician's Statement	4²	Stress ECG, Blood Profile, Urinalysis, APS
P	Prostate Specific Antigen test for Males	5²	Resting ECG, Blood Profile, Urinalysis, APS
FQ	Financial Questionnaire	6²	Stress ECG, Blood Profile, Urinalysis, APS
I	Inspection Report		

²If evidence is required, it should be ordered through Dynacare as our main provider.

All Tele-Interviews **MUST** be ordered from Dynacare.

APS Guidelines

- BMO Insurance reserves the right to request an APS at any time.
- Refer to APS Guidelines in the Underwriting Guidelines – Definitions section.

Medical Guidelines

- When offering a Critical Illness Rider on a Universal Life plan, medical requirements will be based on the Critical Illness requirements in addition to the Universal Life requirements.
- So that duplicate requirements are not requested, order the highest applicable level of requirements and add additional tests where indicated (i.e., If UL requires TV2 and CI requires B5 + PSA, you will order B5 requirements + PSA test).

Critical Illness Pre-Screening Checklist

Certain conditions or illnesses may exclude your client from qualifying for critical illness coverage with BMO Insurance.

Please do not submit an application for critical illness if the proposed insured has ever been diagnosed with any of the following conditions:

- AIDS or AIDS related diseases
- Multiple Sclerosis
- Hepatitis C
- Chronic Kidney Failure
- Positive for HIV
- Muscular Dystrophy
- Alcohol Abuse Treatment within past 2 years
- Coronary Artery Surgery or Angioplasty
- Huntington's Chorea or family history of same if applicant is under age 50
- Heart Valve Replacement
- Alzheimer's Disease
- Cystic Fibrosis
- Insulin Dependent Diabetes
- Permanent Paralysis
- Angina
- Drug Abuse within past 3 years
- Major Organ Transplant
- Benign Brain Tumour
- Parkinson's Disease
- Aplastic Anaemia
- Bacterial Meningitis
- Polycystic Kidney Disease or family history of same if applicant is under age 35
- Aortic Surgery
- Stroke
- Cancer
- Heart Attack

Please note that this is a checklist of conditions that would definitely result in an application being declined for critical illness coverage. There may be other conditions that could result in a decline for your client. If any member of the proposed insured's immediate family (i.e. siblings and parents) has had one of the above conditions, the policy may be rated or in some cases, declined.

Validity of Documents

Time Frame for Requirements

	Life Product (Ages 0-70)	Life Product (Ages 71+)	CI Product
Application	6 months	6 months	6 months
ECG +Stress ECG	12 months	6 months	12 months
Paramedical or Tele-Interview	12 months	6 months	12 months
Blood Profile	12 months	6 months	12 months
Urine HIV	12 months	6 months	12 months
Vitals	12 months	6 months	12 months
MVR	12 months	6 months	12 months
IR	12 months	6 months	12 months

APS Guidelines

BMO Insurance reserves the right to request an APS at any time including:

- at any time for cause, i.e., a potentially rateable impairment (see partial list below)

Other than as noted above you can also expect an APS request when the client has seen a physician within a certain period of time as follows:

For Critical Illness Insurance:

Age	Face Amount	Reason
18 – 50	over \$100,000	Visit to the physician within 3 months
51 – 65	over \$100,000	Visit to the physician within 6 months

BMO Insurance has internal guidelines advising when an APS is needed for cause. You can expect an APS for the following causes:

- Abnormal cardiac test and other tests
- Alcohol or drug treatment
- Aneurysm
- Barrett's Esophagus
- Cancers and tumours (polyps)
- Cardiac failure
- Cardiomyopathies
- Coagulation disorders
- Congenital heart disease
- Connective tissue disorders
- Coronary and other similar artery diseases
- Dementia
- Diabetes (Type 1 and some Type 2)
- Eating Disorders
- Hemorrhage from gastrointestinal tract
- Liver disorders
- Lymph node disorder
- Multiple Sclerosis
- Muscular dystrophy
- Pancreatic disorders
- Parkinson's Disease
- PSA abnormalities
- Rheumatoid Arthritis
- Significant Arrhythmias
- Significant endocrine disorders
- Significant heart murmurs
- Significant Hypertension
- Significant kidney disorders
- Significant psychiatric illness
- Significant respiratory disorders
- Stroke and other similar disorders
- Suicide attempts
- Ulcerative colitis and other similar disorders

Keep in mind that this list of disorders covers only some of the more common disorders seen but does not limit the ordering of an APS for situations of concern that the underwriter might identify.

Change to Non-Smoker Status

BMO Insurance allows a change from smoker to non-smoker, if the insured(s) has stopped using any form of tobacco product, nicotine substitutes or e-cigarettes in the previous 12 consecutive months. A Long Form Health Certificate and Policy Change Application (167E), and a Urine HIV test (which should be negative for nicotine) are required on the life making the change. On Joint Last to Die coverages, all other lives will require only the Long Form Health Certificate and Policy Change Application (167E) to be completed. BMO Insurance will re-underwrite the entire case and additional underwriting requirements may be ordered at the discretion of the underwriter.

Non-Contractual Changes

For any non-contractual change full evidence of insurability will be required. A change form along with a Long Form Health Certificate (167E) is needed for the life insured or in the case of a joint case, for all the lives insured under the plan.

Review of Ratings

An extra rating can be reviewed if:

- The policy has been in force for a minimum of two years;
- The Long Form Health Certificate (167E) has been completed; and
- Medical requirements as requested by the Underwriter are completed.

Review of Occupational Ratings

Upon request of the Insured, BMO Insurance will consider reviewing the occupational rating if the Insured has held a less hazardous job for at least one year. The following forms are required:

- The Long Form Health Certificate (167E); and
- Request for Policy Change form (165E).

Contact the Underwriting Department for assistance.

Reinstatement

- Application must be made within two years of the date of lapse.
- The insured must be the same risk class or a better risk class than at the time of issue.
- All unpaid premiums, including the premium due for the month of reinstatement, plus interest as determined by BMO Insurance, must be collected. (Note: If originally a substandard risk class, or if the amount of coverage is over \$500,000, do not collect premium until Reinstatement is approved).

UNDERWRITING REQUIREMENTS – POLICY CHANGE

General Notes:

- For any requested policy change, BMO Insurance reserves the right to re-underwrite the entire case and additional underwriting requirements may be ordered at the discretion of the underwriter.
- Please contact the Client Services Division at 1-800-387-4483 to confirm the requirements for any changes not referenced below.

Change to Non-Smoker	Insured can apply if they have stopped using any form of tobacco product, nicotine substitutes in the previous 12 consecutive months. For all non-smoker change requests on in force preferred cases, the best class offered will be the residual standard non-smoker class. To qualify for preferred non-smoker rates, a new application and full underwriting is required.
For insureNOW and insureNOW Plus Plans	• APPLICATION FOR POLICY CHANGE – insureNOW and insureNOW Now Plus plan 650E
For all other products – Single Life Plans	• Long Form Health Certificate 167E • Urinalysis
For all other products – Joint First to die Plans	• Long Form Health Certificate 167E for the life applying for the change • Urinalysis for the life applying for the change
For all other products – Joint Last to die Plans	• Long Form Health Certificate 167E for all life insureds • Urinalysis for the life applying for the change
Review of Rating/Exclusions	
Single Life Coverage	• Long Form Health Certificate 167E • Any relevant questionnaire(s)
Joint First to Die Coverage	• Long Form Health Certificate 167E for the life applying for review • Any relevant questionnaire(s)
Joint Last to Die Coverage	• Long Form Health Certificate 167E for all lives insured • Any relevant questionnaire(s)
Adding a rider/coverage to policies issued <i>prior</i> to January 1, 2017	Due to the tax changes effective January 1, 2017; there are limitations on which plans are eligible for additional benefits as well as which benefits can be added to an inforce policy. Please review the [Grandfathering Rules for In Force Life Insurance Policies 707E]
Existing Life Insured (no new lives can be added) Eligible inforce base plans: ⇒ Universal Life	For adding amounts under \$100,000 and up to Age 65: • Long Form Health Certificate 167E for the life applying for the change For adding amounts of \$100,000 or more or Age 65 and over: • Long Form Health Certificate 167E for the life applying for the change • Age and Amount Requirements
Eligible benefits that can be added: ⇒ Waiver of Premium ⇒ Accidental Death Benefit	• Long Form Health Certificate 167E for the life applying for the change • Age and Amount Requirements

Adding a rider/coverage to policies issued on/after January 1, 2017

Existing Life Insured Eligible inforce base plans: ⇒ Universal Life ⇒ BMO Whole Life plan Eligible benefits that can be added: ⇒ Renewable Term Riders ⇒ Waiver of Premium ⇒ Accidental Death Benefit ⇒ Critical Illness Rider (for UL only)	For amounts under \$100,000 and up to Age 65: • Long Form Health Certificate 167E For amounts of \$100,000 or more or Age 65 and over: • Long Form Health Certificate 167E • Age and Amount Requirements *** For Universal Life policies, Verification of ID form 576E is required if there is no form on file or if the last ID has since expired***
New Life Insured Eligible inforce base plans: ⇒ Universal Life ⇒ BMO Whole Life plan Eligible benefits that can be added: ⇒ Renewable Term Riders ⇒ Waiver of Premium ⇒ Accidental Death Benefit ⇒ Critical Illness Rider (for UL only)	For all ages and amounts: • Application for Life Insurance and Critical Illness Insurance 126E • Age and Amount Requirements *** For Universal Life policies, Verification of ID form 576E is required if there is no form on file or if the last ID has since expired***
Adding a Child Term Rider	• Long Form Health Certificate 167E completed by the policy owner • Children's Term Rider/Payor Waiver 341E completed on behalf of the child
Adding a Child to an inforce Rider (child must be at least 15 days old or under age 18 to qualify)	• Request for Policy Change 165E to confirm the child's name, date of birth
Reinstatements	
Life Insurance (Universal Life and Traditional Products) within 90 days of lapse effective date	For all ages and amounts: • Application for Life Insurance and Critical Illness Insurance 126E
Life Insurance (Universal Life and Traditional Products) after 90 days from the lapse effective date	For amounts under \$100,000 and up to Age 65: • Long Form Health Certificate 167E For amounts \$100,000 to \$500,000 and up to Age 65: • Long Form Health Certificate 167E • Urinalysis For amounts greater than \$500,000 or age 65 and over: • Long Form Health Certificate 167E • Age and Amount Requirements
Life Insurance (Term) within 90 days of lapse effective date	For all ages and amounts: • Long Form Health Certificate 167E
Life Insurance (Term) after 90 days from the lapse effective date for Non-Smoker – Standard rate classification or Smoker – Standard or preferred rate classification	For amounts under \$100,000 and up to Age 65: • Long Form Health Certificate 167E

Reinstatements cont'd...	
Life Insurance (Term) after 90 days from the lapse effective date for Non-Smoker – preferred or preferred rate classification	<p>For amounts \$100,000 to \$500,000 and up to Age 65:</p> <ul style="list-style-type: none"> • Long Form Health Certificate 167E • Urinalysis <p>For amounts greater than \$500,000 or Age 65 and over:</p> <ul style="list-style-type: none"> • Long Form Health Certificate 167E • Age and Amount Requirements <p>For all ages and amounts:</p> <ul style="list-style-type: none"> • Long Form Health Certificate 167E • Age and Amount Requirements
Critical Illness Insurance within 90 days from the policy lapse effective date	<p>For all ages and amounts:</p> <ul style="list-style-type: none"> • Long Form Health Certificate 167E
Critical Illness Insurance after 90 days from the policy lapse effective date	<ul style="list-style-type: none"> • Application for Life Insurance and Critical Illness Insurance 126E • Age and Amount Requirements
insureNOW or insureNOW Plus plans	<ul style="list-style-type: none"> • APPLICATION FOR POLICY CHANGE – insureNOW and insureNOW Now Plus plan 650E
Other Policy Changes for Traditional products	
Original Age Enhancement Option	<p>For amounts under \$100,000 and up to Age 65</p> <ul style="list-style-type: none"> • Long Form Health Certificate 167E <p>For amounts \$100,000 to \$500,000 and up to Age 65</p> <ul style="list-style-type: none"> • Long Form Health Certificate 167E • Urinalysis <p>For amounts greater than \$500,000 or Age 65 and over</p> <ul style="list-style-type: none"> • Long Form Health Certificate 167E • Age and Amount Requirements
5 Year Preferred Renewal Rate (for Megaterm product)	<p>For amounts under \$100,000 and up to Age 65</p> <ul style="list-style-type: none"> • Long Form Health Certificate 167E <p>For amounts of \$100,000 or more or Age 65 and over</p> <ul style="list-style-type: none"> • Long Form Health Certificate 167E • Age and Amount Requirements
Term Policy or Rider Conversion	<ul style="list-style-type: none"> • Request for Term Conversions to a Permanent Plan 639E and other documents as outline in the Conversion Guidelines
Child Term Rider Conversion	<ul style="list-style-type: none"> • Request for Term Conversions to a Permanent Plan 639E • Request to Change of Policy Ownership 409E if the owner on the new policy would be different from the Source Policy • Change Beneficiary Designation 625E • Proof of Age <p>To have the new policy issued with Non-Smoker rates:</p> <ul style="list-style-type: none"> • Long Form Health Certificate 167E • Urine HIV
Decrease the Sum Insured	<ul style="list-style-type: none"> • Request for Policy Change 165E
Cancel a policy rider	<ul style="list-style-type: none"> • Request for Policy Change 165E
Survivor option	<ul style="list-style-type: none"> • Request for Policy Change 165E

Other Policy Changes for UL products	
Substitution of a Life Insured	For all ages and amounts: <ul style="list-style-type: none"> • Request for Policy Change 165E • Application for Life Insurance and Critical Illness Insurance 126E • Age and Amount Requirements
Adjustments to Additional Sum Insured: Change from Increase and Reversal to No Increase or Increase Only	For all ages and amounts: <ul style="list-style-type: none"> • Request for Policy Change 165E
Adjustments to Additional Sum Insured: Change from No Increase to Increase Only or Increase and Reversal	For amounts under \$100,000 and up to Age 65 <ul style="list-style-type: none"> • Long Form Health Certificate 167E For amounts \$100,000 to \$500,000 and up to Age 65 <ul style="list-style-type: none"> • Long Form Health Certificate 167E • Urinalysis For amounts greater than \$500,000 or Age 65 and over <ul style="list-style-type: none"> • Long Form Health Certificate 167E • Age and Amount Requirements
Changes to Maximizer or Maximizer Select: Increase the Maximizer Minimum Sum Insured; Change the Maximizer start date; Remove the Maximizer or Maximizer Select feature; Reverse a Maximizer decrease within 30 days of the change effective date	<ul style="list-style-type: none"> • Request for Policy Change 165E
Changes to Maximizer or Maximizer Select: Reverse a Maximizer decrease after 30 days of the change effective date	<ul style="list-style-type: none"> • Long Form Health Certificate 167E
Converting the Cost of Insurance from Yearly Renewable Term to Level	<ul style="list-style-type: none"> • Request for Policy Change 165E
Decrease Sum Insured	<ul style="list-style-type: none"> • Request for Policy Change 165E
Cancel a policy rider	<ul style="list-style-type: none"> • Request for Policy Change 165E
Policy Exchange Option	<ul style="list-style-type: none"> • Request for Policy Change 165E • Application for Life Insurance and Critical Illness Insurance 126E • Age and Amount Requirements

FINANCIAL GUIDELINES – UNIVERSAL LIFE AND TRADITIONAL PRODUCTS

The following guidelines should be used in order to assess whether the Sum Insured is appropriate.

Purpose of Insurance	Formula Suggested	Requirements
Key Person Insurance	5 – 10 x - annual income (Salary and regular bonus +Employer benefits)	<ul style="list-style-type: none"> Financial Questionnaire – Business Coverage (146E) For total amounts of \$5,000,000 through \$10,000,000, third party verification of finances is required. For total amounts of \$10,000,001 and up, Inspection Report is required.
Partnership Agreement (Active Shareholder)	% of ownership x fair market value (FMV)	<ul style="list-style-type: none"> Financial Questionnaire – Business Coverage (146E) Provide Financial Statements for past 3 years.
Partnership Agreement (Non-Active Shareholder)	% of ownership x fair market value (FMV)	<ul style="list-style-type: none"> Financial Questionnaire – Business Coverage (146E) Provide Financial Statements for past 3 years.
Charitable Donation	Individual consideration	<p>Must have:</p> <ul style="list-style-type: none"> Donors should have adequate coverage in force for personal insurance needs. Cover letter to establish the link between the policy holder, beneficiary, and life to be insured. Explain the insurable interest and include details of the pattern of donations and regular gifting. Amounts should not represent more than 20% of net worth. <p>NOTE: Charitable policies sold for investment purposes will not be considered.</p>
Juvenile (ages 0-17)	Up to 50% of parent's coverage unless part of a family investment package	<ul style="list-style-type: none"> Amounts over \$500,000 require a cover letter supporting insurance need and amount.
University or College Students	Individual Consideration based on current program and estimated date of graduation	<ul style="list-style-type: none"> Cover letter may be required supporting the insurance need and amount being applied for.
Estate Tax Planning	Assets x Tax Rate	<ul style="list-style-type: none"> Estate Analysis Personal Balance Sheet
Personal		<ul style="list-style-type: none"> For total amounts of \$5,000,000 through \$10,000,000, third party verification of finances is required. For total amounts of \$10,000,001 and up, an Inspection Report is required.
Income replacement multiples	Income Replacement Multiples	
	Age	Life
	20 – 29	20 – 25
	30 – 39	15 – 20
	40 – 49	10 – 15
	50 – 59	10x
	≥ 60	Up to 5
RCA	We do not participate in RCAs or any triple back-to-back concepts.	
Coverage amounts on a Non-Working Spouse	<ul style="list-style-type: none"> We will match the working spouse's coverage up to \$ 1,000,000 in force and applied for. For coverage over \$1,000,000, consider half of the amount of the working spouse, subject to a maximum of \$2,500,000. For amounts over \$2,500,000, individual consideration based upon estate planning needs. 	
Coverage amounts on lives with no income – Individual Consideration	<ul style="list-style-type: none"> Individuals on social assistance are not eligible for coverage 	

FINANCIAL GUIDELINES – CRITICAL ILLNESS (BASE PLAN OR RIDER)

Generally, the maximum amount of critical illness coverage allowed on any life is \$2,000,000. (This amount would also include any existing or pending critical illness coverage with BMO Insurance or any other insurer).

Amounts over \$2,000,000 will be considered on an individual basis.

All amounts over \$2,000,000 should be discussed with Head Office before proceeding with the application.

As a guideline, the amount of critical illness coverage will be limited to the following formulas:

Personal Insurance	
Working Applicants	Maximum Limit
Up to age 55	7x Earned Income* (Canadian \$ only)
Age 56-60	5x Earned Income* (Canadian \$ only)
Age 61 and older	3x Earned Income* (decreasing yearly to a minimum amount of not less than \$100,000)
Recent Graduates/University Students	\$100,000 (individual consideration for amounts above \$100,000)
* Earned Income consists of salary or similar remuneration (commissions, bonuses, etc.) If bonuses are irregular the average of the bonuses of the last 3 years should be added instead. When the applicant owns a company, is active in the company and is receiving dividends from the company in addition or in lieu of salary, these dividends can be added to the salary to determine true earned income.	
Non-working or no Income Applicants	Maximum Limit
Non-working Spouse	50% of Working Spouse's limit to a maximum of \$250,000
Individuals on Social Assistance	Not eligible
Business Insurance	
Keyman	<ul style="list-style-type: none"> • 3 × Key person's compensation • Requires justification of key person's value and similar coverage should exist on all key persons
Buy-Sell	<ul style="list-style-type: none"> • Amount should be proportional to the percentage ownership of each partner with a buy-sell agreement in place.
Individual consideration will be given when the critical illness coverage is being used to cover a business loan. The duration of the loan and coverage already existing on key persons will be taken into consideration.	

PREFERRED UNDERWRITING CRITERIA GUIDE – TERM 10, 15, 20, 25 AND 30 PRODUCTS ONLY

	Preferred Plus – Non-Smoker			Preferred – Non-Smoker			Preferred Smoker		
Tobacco Use	None in 5 years (includes no nicotine products, and no smoking cessation products)			None in 2 years (includes no nicotine products, and no smoking cessation products)			Cigars, pipes, chewing tobacco and cigarettes		
Blood Pressure	Age	Blood Pressure		Age	Blood Pressure		Age	Blood Pressure	
		Does not exceed:			Does not exceed:			Does not exceed:	
	<=44	130/80		<=44	140/90		<=44	140/90	
	45 – 59	135/85		45 – 59	150/90		45 – 59	150/90	
	60 – 75	140/90		60 – 75	150/90		60 – 75	150/90	
	Never had any medication for blood pressure.								
Cholesterol	Age	Conv. Value	SI Value	Age	Conv. Value	SI Value	Age	Conv. Value	SI Value
	<=44	210/5.0	5.45/5.0	<=44	220/5.5	5.70/5.5	<=44	220/5.5	5.70/5.5
	45 – 59	220/5.5	5.70/5.5	45 – 59	240/6.0	6.20/6.0	45 – 59	240/6.0	6.20/6.0
	60 – 75	220/5.5	5.7/5.5	60 – 75	240/6.0	6.20/6.0	60 – 75	240/6.0	6.20/6.0
	Never had any medication for cholesterol								
Family History	No family history of diagnosis or death of: Heart Disease, Cancer or Stroke in parents or siblings prior to age 65.			No more than 1 family history of diagnosis or death of: Heart Disease, Cancer or Stroke in parents or siblings prior to age 60.			No more than 1 family history of diagnosis or death of: Heart Disease, Cancer or Stroke in parents or siblings prior to age 60.		
Personal History	No history of: Cancer, Diabetes, Cardiovascular disease, Coronary Artery Disease or Stroke. Standard in all other respects.			No history of: Cancer, Diabetes, Cardiovascular disease, Coronary Artery Disease or Stroke. Standard in all other respects.			No history of: Cancer, Diabetes, Cardiovascular disease, Coronary Artery Disease or Stroke. Standard in all other respects.		
Sports/Avocation/Aviation	No ratable or excludable participation in hazardous sports or avocations. No participation in aviation other than as a fare paying passenger on a scheduled airline.			No ratable or excludable participation in hazardous sports or avocations. No participation in aviation other than as a fare paying passenger on a scheduled airline.			No ratable or excludable participation in hazardous sports or avocations. No participation in aviation other than as a fare paying passenger on a scheduled airline.		
Alcohol/Drug Abuse	No treatment by physician or organization for alcohol or drug abuse in the past 10 years.			No treatment by physician or organization for alcohol or drug abuse in the past 5 years.			No treatment by physician or organization for alcohol or drug abuse in the past 5 years.		
DWI	None in the past 10 years			None in the past 5 years			None in the past 5 years		
Resident	No ratable or excludable foreign travel or residency.			No ratable or excludable foreign travel or residency.			No ratable or excludable foreign travel or residency.		
MVR	Not convicted of more than 2 speeding violations in the past 3 years.			Not convicted of more than 3 speeding violations in the past 3 years.			Not convicted of more than 3 speeding violations in the past 3 years.		
Build	BMO Preferred Plus Table as shown on next page.								

Height (inches)	4'10"	4'11"	5'0"	5'1"	5'2"	5'3"	5'4"	5'5"	5'6"	5'7"	5'8"	5'9"
Height (cm)	147	150	152	155	157	160	163	165	168	170	173	175
Preferred Plus (lbs)	137	142	152	151	157	162	167	172	178	183	189	194
Preferred Plus (kg)	62	64	66	69	70	73	76	78	81	83	86	88
Preferred Plus (BMI)	28.74	28.74	28.74	28.74	28.74	28.74	28.74	28.74	28.74	28.74	28.74	28.74
Preferred (lbs)	145	150	155	161	166	171	177	183	188	194	200	206
Preferred (kg)	65	68	70	73	75	77	80	82	85	88	91	93
Preferred (BMI)	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44

Height (inches)	5'10"	5'11"	6'0"	6'1"	6'2"	6'3"	6'4"	6'5"	6'6"	6'7"	6'8"	6'9"
Height (cm)	178	180	183	185	188	191	193	196	198	201	203	206
Preferred Plus (lbs)	200	206	212	217	223	230	236	242	248	255	261	268
Preferred Plus (kg)	91	93	96	98	101	104	107	110	112	116	118	122
Preferred Plus (BMI)	28.74	28.74	28.74	28.74	28.74	28.74	28.74	28.74	28.74	28.74	28.74	28.74
Preferred (lbs)	212	218	224	230	237	243	250	256	263	270	277	284
Preferred (kg)	96	98	101	104	107	111	113	116	119	123	125	129
Preferred (BMI)	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44

Note:

Preferred Classifications are not available for rated cases.

UNDERWRITING DEFINITIONS

Advisor Covering Letter

The covering letter should include the following explanations regarding the sale:

- What the applicant(s) is (are) trying to achieve;
- The relationship between the advisor and the applicant(s);
- Where the deposits/premiums are coming from; and
- Any other information that will affect the outcome of the application.

Please provide information and/or an explanation for all of the following financial tests:

- Proof of the current net worth
- What is/are the applicant(s) trying to achieve? (Does it make sense?)
- Where are the deposits/premiums coming from?
- What is the concept? (Estate planning, Insured Annuity, investment purpose, etc.)

Advisor Report

It is important that the Advisor Report on the application be fully completed in all cases to expedite the underwriting and issuance of the policy. For proper payment of commissions, **please print your name and advisor code number legibly** on all applications.

Authorized Service Providers

Ordering requirements is the Advisor's responsibility. BMO Insurance will ONLY pay the cost of those tests performed by an Authorized Service Provider as listed below. Costs incurred by unauthorized Service Providers are the responsibility of the Managing General Agent and/or Advisor.

In the event that BMO Insurance requests an Attending Physicians' Statement (APS), it will be ordered by Underwriting Support.

Attending Physician's Statements (APS)

1. Dynacare

Inspection Reports

1. First Financial
2. Dynacare
1. ExamOne

Laboratories

1. Dynacare Laboratories
1. ExamOne

Medicals/Paramedicals

1. Dynacare
2. ExamOne

If evidence is required, it should be ordered through Dynacare as our main provider.

C.O.D. Cases

For policies with a Sum Insured above the Temporary Insurance Agreement limit, payment of first premium must be C.O.D.

Case Declined or Postponed

- A notice is sent to the Advisor and MGA and a refund cheque, if applicable, is sent to the Policy Owner with a letter from BMO Insurance.
- If the Policy Owner is other than the Insured, the reason for the decision is stated as confidential.
- Information or history that has been disclosed by the applicant can be referenced when advising the Advisor of the decision. Specific exam findings supplied from attending physicians cannot be disclosed to the Advisor.
- BMO Insurance will release information to the personal physician upon written request by the Insured.
- A request for review of an underwriting decision can be submitted in writing to the Underwriting Department.

Children

Eligibility Requirements for Child Term Riders:

- the child must be at least 15 days old but no older than 18 years old;
- he/she must be out of hospital;
- sum insured minimum is \$5,000 and maximum is \$30,000;
 - only one Child Term Rider is allowed per child
- an insurable interest must exist between the Policy Owner and the child to be insured; and
- in all cases, the application must be signed by the father, mother, or legal guardian. If a legal guardian, this must be clearly stated on the application.

By law, an applicant must be at least 18 years of age to be designated the Policy Owner.

Credit Card Payments

The first annual premium up to a maximum of \$100,000 can be paid by Visa or MasterCard. Complete and sign the credit authorization form on the application. Renewal premiums cannot be paid by Credit Card.

Delivery Receipt

A policy delivery receipt is produced with every policy and must be signed and returned to BMO Insurance's New Business Department along with the rest of the settling documents to settle the policy.

Foreign Travel

Due to changing geo-political environments around the world, foreign travel risks continue to change. BMO Insurance has negotiated improved competitive foreign travel guidelines with our reinsurance partners.

To provide you with the most competitive underwriting offer, please complete the Foreign Travel Questionnaire (313E) with the application or if a tele-interview is being completed as part of the age and amount requirements, the travel details will be collected during the tele-interview.

Prior to completing the Foreign Travel Questionnaire, we encourage you to check the geo-political risk by consulting the available consular websites such as http://www.voyage.gc.ca/countries_pays/menu-eng.asp which will provide an indication regarding your client's insurability.

Ambassador

- Must reside in Canada
- Limited amount only. Maximum up to retention limit, subject to financial justification
- May require rating depending on origin of countries and travel
- May be a decline. Contact the Underwriting Department for clarification
- Verify the Immigrant status rules and guidelines

Foreign Nationals Residing Outside of Canada

- BMO Insurance will not consider any application for a Foreign National living outside of Canada.

Illustrations

A properly completed and signed illustration must accompany all Universal Life and Whole Life applications submitted to ensure accurate issuance of policies.

It is recommended but not mandatory that an illustration accompany Term Life and Critical Illness applications.

Insurance Age

Please refer to the illustration software for accuracy. An illustration will calculate the proper age for insurance purposes. It is always recommended to input the date of birth when using illustration software.

Issued Business

After issue, a maximum of 45 days is allowed to obtain outstanding requirements, including outstanding premium.

Medical Fees

BMO Insurance will not pay for the following:

- any fees in excess of those established by BMO Insurance;
- cost incurred by failure of the Insured to go to the appointment set for an examination;
- medical or special evidence not necessary according to the current requirements or not requested by the Underwriting Department.

Note: Requirements ordered without submitting an application will be charged to the Advisor.

Medical Information Bureau (MIB) Pre-Notice

It is very important that the MIB Pre-Notice is always detached from the application and left with the client.

Canadian Residency

- Frequent or extended travel to country of origin or other countries may require ratings.
- Applicants must reside in Canada.
- No minimum required period of residency in Canada, if permanent resident status is obtained.
- Confirmation of permanent resident status is required.
- Obtain a copy of Social Insurance Number or a copy of immigration status above.
- Underwriting Guide for Canadian Residency – please refer to Appendix 1 for details.

Contact the Underwriting Department if there is a question of residency status.

Policy Effective Date

Under the following two conditions, a policy is deemed to be effective.

1. Money (premium) has been collected by an authorized representative (contracted Advisor) of BMO Insurance, and
2. a) It is issued as applied for and no change of health, or
b) If issued not as applied for, and no change of health (settling requirements are outstanding i.e., amendments, signed illustration) then upon delivery plus receipt of outstanding requirements.

Pre-Authorized Cheque Plan (PAC)

- Complete and sign PAC authorization on the application.
- Attach specimen cheque marked "Void" for account from which PAC payments will be made.
- For non-C.O.D. applications, obtain cheque for 1 month's premium.
- The monthly PAC date will be the same date of the month as the policy effective date.

To calculate the monthly PAC withdrawal, divide the total annual premium, including policy fee and benefits, by 12 for Universal Life and multiply by 0.09 for all other life plans. Please note that the minimum PAC withdrawal is \$15.00 for a single policy or several policies combined. When a PAC deposit is returned NSF, the policy owner will be required to pay the currently due premium and all arrears before future PAC deposits are reinstated.

Initial Premium can be collected by PAC if requested on the application. *Note: No TIA is available if chosen.*

Questionnaires

If a paper application is being submitted, the appropriate questionnaires should be completed and submitted with the application to avoid the need for an APS when the applicant has a history of medical concerns such as:

- Alcohol Usage Questionnaire 135E/135F
- Mood Disorder Questionnaire 141E/141F
- Asthma Respiratory Questionnaire 136E/136F
- Drug Use Questionnaire 144E/144F
- Cannabis Usage Questionnaire 824E/824F
- Epilepsy Questionnaire 145E/145F

If a Tele-interview or Smart Application is been completed, the request for a questionnaire is less likely to be required as the information will be requested during the Tele-interview or on the Smart Application.

The appropriate questionnaires should be completed if the Insured participates in Avocations such as:

- Automobile Racing Questionnaire 137E/137F
- Ballooning Hang Gliding Ultralite Questionnaire 139E/139F
- Climbing Mountaineering Questionnaire 153E/153F
- Aviation Questionnaire 138E/138F
- Motorcycle Questionnaire 152E/152F

Ratings

The Underwriter will advise the Advisor of a rated offer. Confirmation of the offer from the Advisor is needed before proceeding to issue.

For term life cases only, if the rating is 175% or less, the decision will be communicated to the advisor/MGA and the file will immediately be sent to Policy Issue.

Armed Forces, Aviation, Hazardous Sports and Occupations

As these occupations may represent a substandard risk, refer cases to the Underwriting Department. Please complete the appropriate questionnaire.

Ratings by Product, Rider and Benefit

Universal Life

- A new rated illustration signed by the applicant is required.
- Table ratings are converted to a rated age on the Wave Illustration software and the Advisor will be advised of the additional rating in order to secure a newly signed illustration.
- BMO Insurance will require that for any rated Insured under 25, the table rating be converted to a flat extra.

Critical Illness (Living Benefit 75 and 100)

- Maximum rating available for CI is 250%

Return of Premium on Death

- Treated the same as the base plan.

Term 10, 15, 20, 25 and 30

There are five rate classifications for Term applications that fall outside of our Accelerated Underwriting limits. The rate classifications are:

- Preferred Plus Non-Smoker
- Preferred Non-Smoker
- Standard Non-Smoker
- Preferred Smoker
- Standard Smoker

Preferred Classifications are not available for rated cases.

Accidental Death

- Can be rated up to a maximum of 2 times the standard rate for certain impairments or risks. This rider cannot be offered for ratings of more than 200%.
- This rider cannot be offered if there is an avocational risk.

Child Term Rider

- This rider cannot be offered if the primary Insured is rated more than 200%.
- Any child rated more than 200% will be excluded from the rider.

Waiver of Premium and Payor Waiver

- This rider cannot be offered for ratings of more than 200%.

Reinsurance

We work with our Reinsurance partners to provide your client with the best possible offers.

Replacements

Please complete replacement forms and applicable paperwork for internal and external replacements at the time of application as per the provincial regulatory requirement.

Residency Guideline

The client must BE SOLICITED **ONLY** in Canada where BMO Life Assurance Company ('BMO Insurance') is licensed. In addition, BMO Insurance's licensed brokers and licensed advisors can solicit and sell insurance only in the jurisdictions where BMO Insurance is licensed. In those cases, the application and any other requirements must be completed and signed in Canada and the policy must be delivered in Canada.

BMO is solely a Canadian corporation. Given that we do not have a US affiliate company, we are unable to deduct our reserves like some of our peers are able to do. BMO only operates in Canada and therefore we cannot insure any resident from the United States or any other country. We can only consider Canadian residents filing their income taxes as a Canadian taxpayer.

Note that citizenship does not determine residency. BMO Insurance will issue policies only to clients who are Canadian residents for income tax purposes. If assistance is required in the determination of residency, you should visit the Canada Revenue Agency ("CRA") internet website www.cra.gc.ca

Signature (Corporate Ownership)

BMO Insurance requires 2 (two) signatures of officers of the corporation or 1 (one) officer signature and the Corporate seal. We require satisfactory evidence that the person or persons purporting to bind the company are authorized to do so.

Smoking Status

Smoker Definition

Applicants who have used any form of tobacco within the past 12 months, including cigarettes, e-cigarettes, cigarillos, cigars, pipe tobacco, chewing tobacco, snuff, or nicotine replacement products and smoking cessation products will be assessed as a smoker. Any applicant who mixes tobacco with their cannabis is also considered a smoker.

An exemption is made for the occasional cigar smoker. An occasional cigar smoker is defined as an individual who does not smoke more than 12 cigars a year (or 1 a month). The urine test must be negative for nicotine. For the purpose of this definition, cigarillo smokers are not considered cigar smokers. This exemption only applies to occasional cigar smokers.

Occasional cigar smokers cannot be preferred class.

Applicants with any other occasional smoking habits will be assessed as a smoker.

Smoker Definition for Preferred Classifications on Term 10, 15, 20, 25 and 30

Applicants who have not used any form of tobacco products in the last 5 years, including cigarettes, e-cigarettes, cigarillos, cigars, pipe tobacco, chewing tobacco, snuff, marijuana, hashish or nicotine replacement products and smoking cessation products, may be considered for Preferred Plus non-smoker rates. Applicants who have not used any form of tobacco products in the last 2 years, including cigarette, cigarillos, cigars, pipe tobacco, chewing tobacco, snuff, marijuana, hashish or nicotine replacement products and smoking cessation products, may be considered for preferred non-smoker rates. Clients who are cigar, pipe, and cigarette smokers or chew tobacco may be considered for Preferred Smoker rates.

Cannabis Use

All Cannabis users may be considered for non-smoker rates (not preferred class) UNLESS the cannabis product being used is mixed with tobacco. This will be subject to an underwriting review of the complete risk profile of the applicant. A Cannabis Questionnaire should be submitted along with their Application for Insurance.

Temporary Insurance Agreement

See Temporary Insurance Agreement on the current application form for Terms and Conditions. It is important that the receipt is left with the client.

Please ensure you understand the TIA guidelines set up in the application.

During the underwriting process, underwriting may decide to terminate the TIA coverage based on medical information received. The money received with the application will automatically be returned with a letter to the client (copy to MGA and Advisor) explaining our reason and that there is no longer coverage under the TIA.

This document is confidential and is for the intended recipient only. Access, disclosure, copying or distribution of this document by anyone else is prohibited.

APPENDIX 1 – UNDERWRITING GUIDE FOR CANADIAN RESIDENCY

Status	Plans and Benefits Available	Proof of residency status	If a resident for <u>less than 6 months</u> , medical requirements must be completed in Canada. The following requirements need to be completed in addition to the routine age and amount requirements.	Non-Medical Requirements	Eligible Underwriting Assessments
Permanent Resident status	<ul style="list-style-type: none"> All, on arrival in Canada 	N/A	<ul style="list-style-type: none"> Blood Profile with Hepatitis B and C screens Paramedical Exam Urinalysis If there is medical history requiring treatment, the client must have established care with a physician in Canada and an APS will be required 	<ul style="list-style-type: none"> Financial justification is based on income, net worth and assets in Canada Travel questionnaire if travel is indicated on application Confirm place of birth on application 	<ul style="list-style-type: none"> All
Provincial Nominee Program	<ul style="list-style-type: none"> \$500,000 Life coverage, All products \$150,000 CI coverage, All products 	<ul style="list-style-type: none"> Copy of Provincial Nominee acceptance letter, or Quebec selection certificate Copy of Valid Work Permit Confirmation of pending application for permanent resident status in process Minimum 6 months residence in Canada 	<ul style="list-style-type: none"> Blood Profile with Hepatitis B and C screens Paramedical Exam Urinalysis If there is medical history requiring treatment, the client must have established care with a physician in Canada and an APS will be required 	<ul style="list-style-type: none"> Financial justification is based on income, net worth and assets in Canada Advisor Cover Letter must include how the amount of insurance was determined, the source of the deposits, and insured's income and net worth in Canada Purpose of residing in Canada and intention to remain in Canada If in Canada for an extended period of time, what program that the insured came in under Travel questionnaire if travel is indicated on application 	<ul style="list-style-type: none"> Standard to a maximum rating of 200% Waiver of Premium Benefit and Accidental Death Benefits are not available until Permanent status has been obtained
Individuals who have applied for Canadian Residency Status but have not yet received Landed papers-who are married to Canadian citizens or permanent residents of Canada	<ul style="list-style-type: none"> \$2,000,000 Life Coverage, All products \$250,000 CI Coverage, All products 	<ul style="list-style-type: none"> Copy of Valid Work Permit Confirmation of pending application for permanent resident status in process Minimum 3 months residence in Canada 	<ul style="list-style-type: none"> Blood Profile with Hepatitis B and C screens Paramedical Exam Urinalysis If there is medical history requiring treatment, the client must have established care with a physician in Canada and an APS will be required 	<ul style="list-style-type: none"> Financial justification is based on income, net worth and assets in Canada Advisor Cover Letter (as per above) Travel questionnaire if travel is indicated on application 	<ul style="list-style-type: none"> Standard to a maximum rating of 250% Waiver of Premium Benefit and Accidental Death Benefits are not available until Permanent status has been obtained
Domestic workers or Nannies/Live-In Caregivers	<ul style="list-style-type: none"> Maximum \$300,000 Life Coverage, All products \$50,000 CI Coverage 	<ul style="list-style-type: none"> Copy of Valid Work Permit Minimum 3 months residence in Canada 	<ul style="list-style-type: none"> Blood Profile with Hepatitis B and C screens Paramedical Exam Urinalysis If there is medical history requiring treatment, the client must have established care with a physician in Canada and an APS will be required 	<ul style="list-style-type: none"> Financial justification is based on income, net worth and assets in Canada Advisor Cover Letter (as per above) Travel questionnaire if travel is indicated on application 	<ul style="list-style-type: none"> Standard to a maximum rating of 250% Waiver of Premium Benefit and Accidental Death Benefits are not available until Permanent status has been obtained
Foreign Trained Physicians/Skilled Workers	<ul style="list-style-type: none"> \$2,000,000 Life Coverage, All products \$250,000 CI Coverage, All products 	<ul style="list-style-type: none"> Copy of employment contract Confirmation of pending application for permanent resident status in process Copy of Valid Work Permit Minimum 3 months residence in Canada 	<ul style="list-style-type: none"> Blood Profile with Hepatitis B and C screens Paramedical Exam Urinalysis If there is medical history requiring treatment, the client must have established care with a physician in Canada and an APS will be required 	<ul style="list-style-type: none"> Financial justification is based on income, net worth and assets in Canada Advisor Cover Letter (as per above) Travel questionnaire if travel is indicated on application 	<ul style="list-style-type: none"> Standard to a maximum rating of 250% Waiver of Premium Benefit and Accidental Death Benefits are not available until Permanent status has been obtained

OTHERS THAT DO NOT QUALIFY

- Foreign Students
- Temporary work permit holders other than above
- Refugees
- Foreign Nationals
- Spouses and dependents of primary applicants for permanent resident status

Let's connect

To find out more about BMO Insurance products, please call your MGA, contact the BMO Insurance regional sales office in your area, call 1-877-742-5244.



Ontario Region
1-800-608-7303

Quebec – Atlantic Region
1-866-217-0514

Western Region
1-877-877-1272

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