GUIDE TO
INDIVIDUAL
UNDERWRITING
Equitable Life® is proud to be one of Canada’s largest mutual life insurance companies. We are owned by our participating policyholders, not shareholders. This allows us to focus on management strategies that foster prudent long-term growth, continuity and stability.

We are dedicated to meeting our commitments to our customers — to provide good value and meet their needs for insurance protection and wealth accumulation — now and in the future. That’s why Canadians have turned to Equitable Life since 1920 to protect what matters most.

Equitable Life is a focused, stable and strong company. We have sufficient earnings and capital to meet our future growth targets, and we continue to grow steadily. Our growth in sales has been driven by our ability to implement our strategic plan, placing a priority on products, service and execution. Our financial success reflects our continued commitment to profitable growth and our ability to navigate a changing regulatory and economic environment.

Our mutual structure is a key element of our value proposition, along with our diversified product portfolio and superior service. As an organization we’re progressive, competitive and firmly committed to serving the best interests of our policyholders, through longer-term strategies that foster ongoing stability, growth and profitability.

This guide provides you with an overview of how common medical and non-medical conditions impact the underwriting on Equitable Life individual insurance products, through four categories of information:

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<th>CONDITION DESCRIPTIONS</th>
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<th>LIKELY DECISION</th>
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<td>• Provides a basic background on each condition.</td>
<td>• Details key elements affecting the underwriting decision.</td>
<td>• Provides an indication of the likely underwriting decision for a specific condition and does not guarantee that an offer can be made. Actual decisions will be based on assessment of all sources of information as required for each applicant and his or her individual condition(s).</td>
<td>• Details the information that may be obtained for medical conditions, such as an Attending Physician’s Statement (APS), and provided by the applicant for non-medical conditions. If this information is not provided or is incomplete, subsequent reports may be required and may delay the underwriting decision.</td>
</tr>
</tbody>
</table>

Further to the information on medical and non-medical conditions, the guide also includes the Evidence of insurability schedule, Financial underwriting guidelines, Recent immigrant and temporary resident guidelines, Preferred underwriting classifications, Smoking status information for each product, and information about Equitable Life’s Stop Smoking Incentive Program.
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HELPFUL INFORMATION TO GATHER FOR ALL MEDICAL CONDITIONS

1. Date of diagnosis
2. Age of applicant at date of diagnosis
3. Medications, dosages and related treatments prescribed
4. Any time off work
5. Any hospitalizations
6. Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment
7. Date and results of last medical follow-up and/or medical tests
8. Any pending tests or investigations
9. Current smoking status
10. Date and details of the last occurrence of symptoms/episodes/flare-ups

Importance of complete information

Providing complete information on your client’s medical and non-medical conditions helps ensure an accurate assessment as quickly and efficiently as possible. Where questionnaires are required, they must be completed in full and signed by the applicant. Available questionnaires include:

- Drinking Habits
- Respiratory
- Climbing
- Scuba Diving
- Drug Use
- Aviation
- Foreign Travel
- Parachuting
- Nervous Disorders
- Motor Sports
- Financial

TRIAL APPLICATIONS

Trial applications may be submitted on a preliminary basis to determine eligibility before arranging the underwriting of medical evidence. When submitting a trial application, note “trial application” in the Special Instructions section of the application, and provide full contact information including name, address and telephone number for the attending physician.

UNDERWRITING DECISIONS

Underwriting will either accept, decline or postpone a decision. If your client’s application is:

- ACCEPTED, an offer of insurance is being made at either a standard or substandard risk classification. Sub-standard risk (sometimes referred to as a “special class” risk) can result in a rating that will increase the premiums by a multiple ranging from 150% to 350%.
- DECLINED, the applicant has been deemed uninsurable and no offer of insurance is being made.
- POSTPONED, an offer of insurance may be considered for the applicant at a future date.

QUESTIONS?

For more information, contact your Equitable Life Regional Sales Manager.
## MEDICAL RISKS

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| **Alcohol Use/Abuse**   | • Current age  
  • Amount of alcohol declared  
  • Any diagnosis of abuse or dependence  
  • How long abstinent or moderate consumption  
  • Any relapses  
  • Member of alcohol self-help group  
  • Treatment with medication | Ratings dependent on:  
  • Age  
  • Time since last use  
  • Comorbid factors  
  Following five years of recovery:  
  • Standard or substandard rates considered  
  Recovery of less than five years:  
  • Considered on an individual basis  
  Note:  
  • Alcohol use in combination with a diagnosis of alcoholism or alcohol dependence is declined. | Required:  
  • Drinking Habits Questionnaire  
  • APS  
  • MVR  
  • Blood profile  
  Helpful:  
  • Details of any favourable aspects such as continued employment, attendance at self-help group, total abstinence, no relapses  
  • Details of related treatment in a hospital or rehabilitation facility  
  • Results of any testing related to liver function or cardiac disease  
  • Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment  
  • Medications, dosages and related treatments prescribed  
  • Date and results of last medical follow-up |
| **Alzheimer’s Disease** | | Present or suspected cases:  
  • Decline | |
| **Anaemia**             | • Type of Anaemia  
  • Cause of the Anaemia, if known  
  • Details of all testing done and any referrals to specialists (to include dates, names of tests and names of specialists seen)  
  • Blood test results  
  • Current and past treatment  
  • Type of medication previously and currently taking  
  • Any coexisting impairment | |}

**Alzheimer’s Disease**
Alzheimer’s type dementia is a disease of older people and prevalence increases with age. This disease leads to a severe loss of intellectual function. The dementia is severe and progressive. The earliest symptoms are a failure of memory, especially for recent events, and decreasing efficiency at work or home.

**Anaemia**
Iron deficiency anaemia is the most common type and is defined as a reduction in the red blood cells (RBCs) in the blood.
Anaemia is sometimes due to blood loss, failure of the bone marrow to produce sufficient cells, or premature destruction of cells.
## MEDICAL RISKS

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| **Aneurysm**            | • Type and location of aneurysm  
                          • Date occurred  
                          • Cause of the aneurysm  
                          • Size and stability of the aneurysm  
                          • Present condition  
                          • Blood pressure control  
                          • Any history of smoking  
                          • Any current treatment | **Six months after surgery:**  
                          • Considered on an individual basis  
                          **Small Abdominal Aneurysm with no surgery:**  
                          small and maintained for last three years (or since diagnosis if shorter); stable with regular follow-up:  
                          • 1.50 – 200%  
                          **Large Abdominal Aneurysm with no surgery:**  
                          • Consideration  
                          **Abdominal Aneurysm with surgery, minimum of six months post:**  
                          • 1.50 – 250%  
                          **Small Cerebral Aneurysm with no surgery, minimum of six months post diagnosis:**  
                          • Rating determined based on history of aneurysm  
                          **Large Cerebral Aneurysm, no surgery:**  
                          • Consideration  
                          **Cerebral Aneurysm with surgery (six months to two years post):**  
                          • Typically substandard rating, if no complications may be considered standard  
                          **Thoracic Aneurysm:**  
                          • Typically declined | **Required:**  
                          • APS  
                          • Paramedical  
                          **Helpful:**  
                          • Type, cause and size of the Aneurysm  
                          • Date of diagnosis  
                          • Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment  
                          • Medications, dosages and related treatments prescribed  
                          • Details of ongoing surveillance tests  
                          • Details of lifestyle modifications  
                          • Details on past and present smoking habits  
                          • Details of lipid and blood pressure control  
                          • Date and results of last medical follow-up |
| **Angina Pectoris**     | • Refer to Coronary Artery Disease (CAD) | **Postpone until six months after initial treatment; then submit trial application.** | |

**Aneurysm**

Disorders of the aorta include bulges (aneurysms) in weak areas of its walls and separation of the layers of its wall (dissection). These disorders can be immediately fatal, but they usually take years to develop. Aneurysms may also develop in other arteries.

**Angina Pectoris**

Angina, also called Angina Pectoris, is temporary chest pain or a sensation of pressure that occurs while the heart muscle is not receiving enough oxygen.
### Anxiety

Anxiety disorders involve a state of distressing, chronic but fluctuating nervousness that is inappropriately severe for the person's circumstances.

**Important Factors**
- Current severity of the condition
- Current treatment
- Medications and dosage prescribed
- Diagnosis of an acute or chronic case of Anxiety
- Number of episodes
- Any coexisting psychiatric or medical conditions (Depression, Stress, etc.)
- Any history of substance abuse

**Likely Decision**

Ratings dependent on:
- Severity
- Frequency
- Mississippi: Standard (one episode), to 150% (more than one episode)

**Apnea/Sleep Apnea/OBstructive Sleep Apnea (OSA)**

Sleep Apnea is a serious disorder in which breathing repeatedly stops long enough to disrupt sleep and temporarily decrease the amount of oxygen and increase the amount of carbon dioxide in the blood.

**Important Factors**
- Age of applicant
- Type of Apnea (obstructive, mixed or central)
- Current severity of the condition
- Treatment prescribed
- Compliance with the prescribed treatment
- Date of the last sleep study
- Height and weight of the applicant
- Any coexisting medical condition (Hypertension, Arrhythmia, etc.)
- Any history of smoking

**Likely Decision**

Ratings dependent on:
- Severity
- Treatment
- Age
- Mississippi: Standard

**Arteriosclerosis**

Arteriosclerosis is a condition in which patchy deposits of fatty material develop in the walls of medium-sized and large arteries, leading to reduced or blocked blood flow.

**Important Factors**
- Coronary Artery Disease (CAD)
- Stroke
- Transient Ischemic Attack (TIA)

**Likely Decision**

Postpone until six months after initial treatment; then submit trial application.
### Arthritis, Rheumatoid

Rheumatoid arthritis is an inflammatory arthritis in which joints, usually including those of the hands and feet, are inflamed, resulting in swelling, pain, and often destruction of joints.

- Current severity, duration and joints affected
- Current treatment, medication or any surgery
- Any hospital visits or time off from work
- Age at onset
- Any current complications
- Any coexisting conditions
- Level of functioning, including activities of daily living, mobility
- Current job duties

**Ratings dependent on:**
- Severity
- Treatment

**Mild to moderate:**
- Standard to 175%

**Severe:**
- 200% and up

**Rapidly progressive or highly disabling:**
- Decline

**Helpful:**
- Date of diagnosis
- Symptoms experienced
- Since diagnosis have the symptoms become more or less severe, or stayed the same?
- Dates, reason and results of related hospitalizations or emergency room visits
- Dates of related time off work
- Medications, dosages and related treatments prescribed
- Compliance with the above
- Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment
- Date and results of last medical follow-up

### Asthma

Asthma is a condition in which the airways narrow – usually reversibly – in response to certain stimuli.

- Current age
- Date Asthma was diagnosed
- Severity of Asthma symptoms
- Frequency of symptoms and times they occur
- Details of medications and dosages prescribed
- Hospital visits due to this condition
- Compliance with prescribed treatment and medication
- Limitations to activities of daily living
- History of smoking
- Coexisting impairments, such as COPD, Psychiatric diseases, Alcohol Use/Abuse, Coronary Artery Disease, etc.

**Ratings dependent on:**
- Age
- Severity
- Frequency
- Smoking status

**Age 6 - 75, mild or intermittent:**
- Standard to 150%

**Age 6 - 75, moderate:**
- 150% to 200%

**Age 6 - 75, severe:**
- 200 to 250%

**Over age 75, mild intermittent or mild persistent:**
- Usually standard

**Over age 75, moderate:**
- Usually decline

**Note:**
- Smoking with Asthma may increase ratings.

**Required:**
- Respiratory Questionnaire

**Helpful:**
- Date of diagnosis
- Symptoms
- Increasing frequency or severity of symptoms since diagnosis
- Dates, reason and results of related hospitalizations or emergency room visits
- Dates of related time off work
- Medications, dosages and related treatments prescribed
- Compliance with the above
- Lifestyle modifications requirements or recommendations (e.g. smoking cessation)
- Results of all Pulmonary Function Tests
- Description of current activity level
- Family history of severe respiratory disease
- Smoking status
- Date and results of last medical follow-up
### MEDICAL RISKS

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| Atherosclerosis         | • Refer to Coronary Artery Disease [CAD] | Postpone until six months after initial treatment; then submit trial application. | Requirements:  
  • APS  
  Helpful:  
  • Age at diagnosis  
  • Symptoms experienced  
  • Frequency and severity of symptoms  
  • Tests conducted  
  • Family history of Coronary Artery Disease, valvular disease, or stroke  
  • Medications, dosages and related treatments prescribed  
  • Compliance with the above  
  • Modifications to lifestyle or daily activities  
  • Date and results of last medical follow-up |

**Atherosclerosis**  
Atherosclerosis is a specific type of arteriosclerosis, but the terms are often used interchangeably. Atherosclerosis refers to the buildup of fats in and on the artery walls (plaques), which can restrict blood flow. These plaques can also burst, causing a blood clot.

| Atrial Fibrillation/ Atrial Flutter | • Current Age  
• Date Atrial Fibrillation/Flutter was diagnosed, and the age of client when condition first began  
• Number of times this occurs  
• Type of investigations/treatment  
• Any coexisting conditions/heart disease  
• Chronic or paroxysmal  
• Ratings dependent on:  
  • Age  
  • Severity  
  • Frequency  
  Condition recently found:  
  • Postpone or decline  
  Good control – less than four attacks per year, no underlying conditions, age 60 and under:  
  • Standard to 150%  
  Good control – less than four attacks per year, no underlying conditions, over age 60:  
  • 150 – 175%  
  Chronic condition requiring treatment, age 60 and under:  
  • 150 – 200%  
  Chronic condition requiring treatment, over age 60:  
  • 200 – 250%  

| Requirements:  
  • APS  
  Helpful:  
  • Age at diagnosis  
  • Symptoms experienced  
  • Frequency and severity of symptoms  
  • Tests conducted  
  • Family history of Coronary Artery Disease, valvular disease, or stroke  
  • Medications, dosages and related treatments prescribed  
  • Compliance with the above  
  • Modifications to lifestyle or daily activities  
  • Date and results of last medical follow-up |
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| Bariatric Surgery       | • Weight before surgery  
                         • Reason for surgery (restrictive or malabsorptive)  
                         • Any other conditions (such as diabetes, hypertension, heart disease)  
                         • Any complication during or after the surgery  
                         • Weight loss after surgery | Ratings dependent on:  
                         • Type of surgery  
                         • Severity  
                         • Treatment  
                         • Weight pre and post treatment  
                         Restrictive Surgery up to three years post:  
                         • 150% - 175%  
                         Malabsorptive surgery less than one year post:  
                         • Postpone  
                         One to five years post:  
                         • 200%  
                         More than five years post:  
                         • Standard to 150%  
                         Either surgery, more than 10 years post, stable weight, no complications:  
                         • Standard | Required:  
                         • APS  
                         • Paramedical  
                         Helpful:  
                         • Type of surgery  
                         • Date of surgery  
                         • Complications during or after surgery  
                         • Weight before surgery and present weight  
                         • Date and results of last medical follow-up |
| Barrett’s Esophagus     | • Current age  
                         • Testing completed (endoscopy, biopsy)  
                         • Current condition | | Required:  
                         • APS  
                         Helpful:  
                         • Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment  
                         • Date and results of last medical follow-up or tests |
| Blood Pressure          | • Refer to Hypertension | | |
| Bypass Surgery          | • Refer to Coronary Artery Disease (CAD) | Postpone until six months after initial treatment. | |
| Cancer: Basal Cell Carcinoma | • Age at diagnosis and current age  
                                 • Type of cancer and staging  
                                 • Type of treatment and date completed  
                                 • Any recurrence or secondary cancer  
                                 • Any serious complications from treatment | Ratings dependent on:  
                                 • Number of occurrences  
                                 • Severity  
                                 Initial occurrence:  
                                 • Typically standard provided it was excised completely and without recurrence  
                                 Recurrences:  
                                 • Dependent on severity | Helpful:  
                                 • Date of diagnosis  
                                 • Date of removal or treatment  
                                 • History of other skin lesions  
                                 • Date and results of last medical follow-up |
### MEDICAL RISKS

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| **Cancer: Breast**      | • Age at diagnosis and current age  
                          • Type of cancer and staging  
                          • Type of treatment and date completed  
                          • Any recurrence or secondary cancer  
                          • Any serious complications from treatment | Ratings dependent on:  
                          • Age at diagnosis  
                          • Staging of the disease  
                          • Prescribed treatment  
                          Trial applications suggested.  
                          **Carcinoma in situ** (non invasive) has lower ratings and can be considered after treatment is complete.  
                          **All other types and staging:**  
                          • Postpone for two years or more | Required:  
                          • APS  
                          Helpful:  
                          • Date of diagnosis  
                          • Type and stage of breast cancer  
                          • Any node involvement?  
                          • Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment  
                          • Medications, dosages and related treatments prescribed, with start and end dates  
                          • Date and results of last medical follow-up |
| **Cancer: Leukemia**    | • Age at diagnosis and current age  
                          • Type of leukemia and staging  
                          • Type of treatment and date completed  
                          • Any recurrence or secondary cancer  
                          • Any serious complications from treatment | Ratings dependent on:  
                          • Type  
                          • Staging  
                          A preliminary inquiry may be warranted to determine if we can accept an application. | Requirements:  
                          • APS  
                          Helpful:  
                          • Date of diagnosis  
                          • Type and stage of leukemia  
                          • Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment  
                          • Medications, dosages and related treatments prescribed, with start and end dates  
                          • Date and results of last medical follow-up |
| **Cancer: Lung**        | • Age at diagnosis and current age  
                          • Type and stage of lung cancer  
                          • Type of treatment  
                          • Any recurrence or spread to other organs  
                          • Any serious complications from treatment | Applications considered if:  
                          • All treatment is completed  
                          • Applicant does not smoke  
                          • No recurrence  
                          Trial applications suggested.  
                          **Low-grade cancers with:**  
                          • **Negative nodes** are considered following postponement of three months  
                          • **Positive nodes** are considered following postponement of five years  
                          **Any form of metastasis:**  
                          • Decline | Required:  
                          • APS  
                          Helpful:  
                          • Date of diagnosis  
                          • Type, stage and pathology of the cancer  
                          • Medications, dosages and related treatments prescribed, with start and end dates  
                          • Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment  
                          • Smoking status, past and present  
                          • Date and results of last medical follow-up |
### MEDICAL RISKS

#### Cancer: Prostate

Prostate cancer is the most common cancer found in males and one of the most common causes of cancer death.

- **Age at diagnosis and current age**
- **Pathology including stage and Gleason grade**
- **Type of treatment**
- **Any recurrence or metastasis**
- **Any serious complications from treatment**

**Ratings dependent on:**
- **Type**
- **Staging**
- **Gleason score**

**Low Grade Prostatic Intraepithelial Neoplasia (PIN):**
- **Standard**

**Applicants under age 50:**
- **Decline**

**Applicants within one year of diagnosis:**
- **Postpone**

**Required:**
- **APS**
- **PSA Test**

**Helpful:**
- **Date of diagnosis**
- **Type, stage and pathology of the cancer**
- **Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment**
- **Medications, dosages and related treatments prescribed, with start and end dates**
- **Date and results of last medical follow-up**

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#### Cancer: Skin, Borderline Malignancy

This includes basal cell carcinoma, dysplastic nevus, lentigo maligna.

- **Number and type of lesions**
- **No invasion into other tissue**
- **Type and date of treatment**
- **Any recurrence**
- **Any ongoing risk factors**
- **Family history of skin cancer**

**Ratings dependent on:**
- **Age**
- **Number of lesions**
- **Type**
- **Prescribed treatment**

**Range:**
- **Standard (fewer than 10 lesions) to decline (more than 10 lesions)**

**Required:**
- **APS**

**Helpful:**
- **Type of skin lesions**
- **Recovery status**
- **Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment**
- **Medications, dosages and related treatments prescribed, with start and end dates**
- **Details of any complications**
- **Date and results of last medical follow-up**

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#### Cancer: Skin, Malignant

The most serious of all skin cancers is malignant melanoma. Older and fair skinned people are the most at risk.

- **Type of skin cancer**
- **Pathology including depth and thickness of the tumour**
- **Type and date treatment was completed**
- **Any recurrence**
- **Any ongoing risk factors**

**Ratings dependent on:**
- **Type**
- **Depth and thickness of tumour**
- **Treatment**
- **Date of treatment**

**Pathology report (required for tentative ratings)**

**Within one year of diagnosis or treatment:**
- **Postpone**

**Required:**
- **APS**

**Helpful:**
- **Specific diagnosis**
- **Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment**
- **Medications, dosages and related treatments prescribed, with start and end dates**
- **Details of any complications**
- **Date and results of last medical follow-up**
## MEDICAL RISKS

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| Cancer: Thyroid         | • Type of thyroid cancer (papillary, follicular etc.)  
  • Pathology  
  • Type of treatment  
  • Age of applicant  
  • Response to treatment or any complications | Ratings dependent on:  
  • Age at diagnosis  
  • Type  
  • Staging  
  Within five years of treatment:  
  • Standard to decline  
  Five years post treatment:  
  • Standard in most cases | Required:  
  • APS  
  Helpful:  
  • Pathology report  
  • Type and stage of the cancer  
  • Recovery status  
  • Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment  
  • Medications, dosages and related treatments prescribed, with start and end dates  
  • Details of any complications  
  • Date and results of last medical follow-up |
| Congenital Heart Disease| Based on the number of congenital heart problems to be considered. An email inquiry to indnewbus@equitable.ca with details of the heart disease and any related treatments or surgery is recommended. | | Helpful:  
  • Type of congenital disorder  
  • Details of any surgery, treatment or medications |
| Chronic Obstructive Pulmonary Disease (COPD) | • Age at diagnosis and current age  
  • Smoking history and current smoking status  
  • Severity of symptoms  
  • Treatment | Ratings dependent on:  
  • Severity  
  • Age  
  • Smoking status [current and within the last year]  
  • Additional health risks including CAD, Bronchitis, Emphysema  
  Range:  
  • Standard to decline  
  Mild:  
  • Standard to 150%  
  Moderate:  
  • 175% to 250%  
  Severe:  
  • Decline | Required:  
  • APS  
  Helpful:  
  • Respiratory Questionnaire  
  • Date of diagnosis  
  • Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment  
  • Medications, dosages and related treatments prescribed, with start and end dates  
  • Details of hospitalizations or emergency room treatment  
  • Date and results of last pulmonary function testing  
  • Smoking status, past and present  
  • Date and results of last medical follow-up |
### Medical Risks

#### Condition Descriptions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
<th>Important Factors</th>
<th>Likely Decision</th>
<th>Underwriting Information Requirements</th>
</tr>
</thead>
</table>
| Coronary Artery Disease (CAD) | Coronary artery disease is a condition in which the blood supply to the heart muscle is partially or completely blocked. | • Age at diagnosis and current age  
  • Severity, number of vessels involved  
  • Any residual problems, current status  
  • Treatment, surgery, medications  
  • Smoking Status  
  • Comorbid factors, e.g. Hypertension, Diabetes | Ratings dependent on:  
  • Age (higher ratings for younger applicants)  
  • Severity of disease | Required:  
  • APS  
  Helpful:  
  • Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment  
  • Medications, dosages and related treatments prescribed, with start and end dates  
  • Impact on activities and lifestyle  
  • Date and results of last cardiac consultation |}

| Crohn’s Disease | A chronic inflammatory disease that can affect any part of the GI tract. It can include ulceration and/or malabsorption problems. | • Age at diagnosis and current age  
  • Severity of the last episode  
  • Any hospitalizations or surgery | Ratings dependent on:  
  • Age (higher ratings for younger applicants)  
  • Severity of disease | Required:  
  • APS  
  Helpful:  
  • Weight stability  
  • Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment  
  • Medications, dosages and related treatments prescribed, with start and end dates  
  • Details and results of related surgeries  
  • Date of and results of last colonoscopy and/or medical follow-up |}

| Depression | Depression is a feeling of sadness intense enough to interfere with functioning. It may follow a recent loss or other sad event but is out of proportion to that event and lasts beyond an appropriate length of time. | • Age at diagnosis and current age  
  • Severity  
  • Any hospital treatment, or treatment in any other medical facility  
  • Any suicide attempt or suicidal thoughts  
  • Type of treatment including number and type of medication(s)  
  • Any loss of work  
  • Illegal drug use | Ratings dependent on:  
  • Age  
  • Current status and severity of the depression  
  • Cause of the depression e.g. situational  
  • Lifestyle  
  • Support system  
  • Loss of work | Required:  
  • Nervous Disorder Questionnaire  
  • APS  
  Helpful:  
  • Type and cause of the Depression  
  • Date of diagnosis  
  • Frequency of episodes  
  • Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment  
  • Medications, dosages and other treatments prescribed, with start and end dates  
  • Impact on activities and lifestyle  
  • Personal assessment of current control of symptoms, with or without medication  
  • Date and results of last follow-up |
<table>
<thead>
<tr>
<th>CONDITION DEScriptions</th>
<th>IMPORTANT FACTORS</th>
<th>LIKELY DECISION</th>
<th>UNDERWRITING INFORMATION REQUIREMENTS</th>
</tr>
</thead>
</table>
| **Diabetes**            | • Age at diagnosis and current age  
                          • Type of Diabetes 
                          • Degree of control 
                          • Any other health risks e.g. Hypertension, build, smoking status | Ratings dependent on:  
                          • Current age  
                          • Age at diagnosis  
                          • Type of Diabetes  
                          • Degree of control 
                          • Any other health risks e.g. Hypertension, build, smoking status | Required:  
                          • APS  
                          • Blood profile with HgBA1C testing  
                          • Urine with microalbumin testing  
                          
                          Required:  
                          • Details on sugar monitoring system  
                          • Date and results of last medical follow-up  
                          • Contact information including full name, address and telephone number for medical professionals involved in diagnosis and treatment  
                          
                          **Head Office will order the APS if required.** |
| **Emphysema**           | • Refer to Chronic Obstructive Pulmonary Disease (COPD) | • Cause and type of seizures  
                          • Degree of control with or without medication  
                          • Current age  
                          • Age at diagnosis  
                          • Frequency of seizures  
                          • Date of last seizure  
                          • Compliance with prescribed medications, dosages and related treatments | Ratings dependent on: 
                          • Current age  
                          • Age at diagnosis  
                          • Type and frequency of seizures  
                          
                          Range:  
                          • Standard to decline  
                          No seizures for seven years:  
                          • Considered for standard rates  
                          |
| **Epilepsy/Seizures**   | • Type of disease  
                          • Age at onset of family members  
                          • Multiple family members with this disease | Family history relating to breast cancer, colon cancer, Huntington’s disease, Motor Neuron Disease, or Polycystic Disease are of concern and further evidence may be required. | Required:  
                          • Possible APS  
                          
                          **Helpful:** 
                          • Precise diagnosis e.g. absence seizure (petit mal), atonic seizures (drop attacks), myoclonic seizures, tonic-clonic seizures (grand mal), simple partial seizures, complex partial seizures (psychomotor)  
                          • Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment  
                          • Medications, dosages and other treatments prescribed, with start and end dates  
                          • Time off from work due this condition  
                          • Impact on activities and lifestyle  
                          • Date and results of last medical follow-up  
                          |
| **Family History**      | • Type of disease  
                          • Age at onset of family members  
                          • Multiple family members with this disease | 
                          
                          **Required:** 
                          • Completion of entire Family History section of the application, including type of disease, relation to applicant and age at onset  
                          • Results of any screening for colon or breast cancer  
                          |

**Diabetes**

Diabetes is a metabolic disorder caused by inadequate production or use of insulin.

**Type 1 Diabetes (IDMM)** requires insulin and is generally diagnosed at a young age.

**Type 2 Diabetes (NIDDM)** is generally diagnosed later in life and is also referred to as Adult onset diabetes. Treatment is either oral medication or it can be controlled by diet and exercise.

**Gestational diabetes** occurs during pregnancy.

| **Emphysema** | 
| **Epilepsy/Seizures** | 
| **Family History** | 

---

**Diabetes**

| **Type 1 Diabetes (IDMM)** requires insulin and is generally diagnosed at a young age.  
| **Type 2 Diabetes (NIDDM)** is generally diagnosed later in life and is also referred to as Adult onset diabetes. Treatment is either oral medication or it can be controlled by diet and exercise.  
| **Gestational diabetes** occurs during pregnancy.

**Epilepsy/Seizures**

Epilepsy is a broad term for a number of types of seizure disorders. Partial (Focal) Seizures, Generalized Epilepsy, generalized seizures.  

**Family History**

Any family history of Polycystic Kidney Disease, Huntington’s Disease, Motor Neuron Disease, colon and breast cancer in first degree relatives (including children) can be recognized as a concern for underwriting purposes.
## Medical Risks

<table>
<thead>
<tr>
<th>Condition Descriptions</th>
<th>Important Factors</th>
<th>Likely Decision</th>
<th>Underwriting Information Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hepatitis</strong></td>
<td>• Type of Hepatitis and date of diagnosis  &lt;br&gt; • Current status including any recent or ongoing infection  &lt;br&gt; • Any damage to liver or other organs  &lt;br&gt; • Current treatment and history of treatment/liver biopsy  &lt;br&gt; • History of any intravenous drug use</td>
<td>History of Hepatitis A:  &lt;br&gt; • Standard  &lt;br&gt; Hepatitis B carrier status with no current infection and normal blood profile:  &lt;br&gt; • Standard to 175%. Unable to consider infants and children.  &lt;br&gt; Current infection:  &lt;br&gt; • Postpone to decline  &lt;br&gt; Hepatitis C:  &lt;br&gt; • Considered if asymptomatic and current health is excellent.  &lt;br&gt; Hepatitis B and C co-infection:  &lt;br&gt; • Decline  &lt;br&gt; Evidence of liver damage:  &lt;br&gt; • Likely decline</td>
<td>Required:  &lt;br&gt; • Blood profile with current Hepatitis screening, except for a history of Hepatitis A  &lt;br&gt; • Possible APS  &lt;br&gt; Helpful:  &lt;br&gt; • Type of Hepatitis and if carrier status only  &lt;br&gt; • How it was contracted  &lt;br&gt; • Any liver testing including ultrasound, CT scan, liver biopsy, with dates and results  &lt;br&gt; • Date and results of last medical follow-up</td>
</tr>
<tr>
<td><strong>Hypertension</strong></td>
<td>• Current age and age at onset  &lt;br&gt; • Type of treatment  &lt;br&gt; • Any other cardiac risk factors  &lt;br&gt; • Current blood pressure readings  &lt;br&gt; • Family history of cardiac disease  &lt;br&gt; • Build  &lt;br&gt; • Smoking status</td>
<td>Generally standard for blood pressure readings with values in the normal range and no co-morbid factors.</td>
<td>Required:  &lt;br&gt; • Paramedical  &lt;br&gt; Helpful:  &lt;br&gt; • Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment  &lt;br&gt; • Medications, dosages and other treatments prescribed, with start and end dates  &lt;br&gt; • Compliance with the above  &lt;br&gt; • Date and results of last cardiac consult if applicable, or last medical follow-up</td>
</tr>
<tr>
<td><strong>Illegal Drugs and Marijuana</strong></td>
<td>• Type and amount of current drug use  &lt;br&gt; • History of drug use with date of last use  &lt;br&gt; • Occupation  &lt;br&gt; • Family history of drug use  &lt;br&gt; • History of depression  &lt;br&gt; • History of criminal behaviour  &lt;br&gt; • Age  &lt;br&gt; • Motor Vehicle Report (MVR)</td>
<td>Current use of drugs other than occasional use of Marijuana:  &lt;br&gt; • Decline  &lt;br&gt; Prior use of Ecstasy or Cocaine and occasional use of Marijuana:  &lt;br&gt; • Decline  &lt;br&gt; Daily use of Marijuana:  &lt;br&gt; • Standard to 1.50%  &lt;br&gt; Occasional use of Marijuana:  &lt;br&gt; • May be considered for Standard Non-Smoker rates  &lt;br&gt; Marijuana use up to two times weekly:  &lt;br&gt; • May be considered for Standard Non-Smoker rates  &lt;br&gt; Five to seven years past last use of Cocaine:  &lt;br&gt; • May be considered for Standard rates on an individual basis</td>
<td>Required:  &lt;br&gt; • Drug Use Questionnaire  &lt;br&gt; • APS  &lt;br&gt; Helpful:  &lt;br&gt; • Details of current and past drug use and treatments with dates  &lt;br&gt; • Details of drug-related hospitalizations or emergency room visits  &lt;br&gt; • Details of drug-related charges  &lt;br&gt; • History of depression, suicidal thoughts or attempts  &lt;br&gt; • Date and results of last medical follow-up</td>
</tr>
</tbody>
</table>
### Myocardial Infarction/MI/Heart Attack/Coronary Thrombosis
Permanent damage of a portion of the heart muscle due to inadequate oxygen supply and coronary blood flow.

**Important Factors**
- Age at diagnosis and current age
- Severity of the attack/disease and how many vessels involved
- Type of treatment
- Medications and dosages prescribed
- Smoking status
- Extent of any residual effects or permanent damage
- Any additional health risks

**Likely Decision**
- Ratings dependent on:
  - Age at onset
  - Cause
  - Severity

**Underwriting Information Requirements**
- Trial application suggested.
- Within six months of episode/attack including date of treatment:
  - Not considered

**Unfavourable Factors**
- Smoking status
- Co-morbid factors
- Recent episodes
- Younger applicants (age 40 and under, likely decline)

**Required:**
- APS with full cardiac history

**Helpful:**
- Dates and number of attacks, and number of vessels involved
- Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment
- Medications, dosages and other treatments prescribed, with start and end dates
- Details of related hospitalizations or emergency room visits
- Date and results of last cardiac consultation

---

### Older Age Applicants
Applicants age 65 and older may require some additional underwriting specific to their age.

**Important Factors**
- Current age
- Employment status
- Smoking status with regard to any health risks
- Family support
- History of falls/accidents
- Use and type medication(s)
- Regularity of medical check-ups

**Likely Decision**
- Ratings dependent on:
  - Applicant’s health and lifestyle
  - Any adverse health risks

**Underwriting Information Requirements**
- Age and amount requirements as per plan and face amount
- Possible APS

**Helpful:**
- Frequency of activity
- Frequency of medical checkups
- Date and results of last medical checkup

---

### Seizures

**Important Factors**
- Current age
- Age at onset
- Number of events/episodes
- Type of treatment/medication
- Smoking status
- Extent of any residual effect or neurological deficit
- Any additional health risks

**Likely Decision**
- Ratings dependent on:
  - Age at onset
  - Cause
  - Type

**Underwriting Information Requirements**
- APS

**Helpful:**
- Dates and cause of each episode
- Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment
- Medications, dosages and other treatments prescribed, with dates
- Details of related hospitalizations or emergency room visits
- Time off from work related to this condition
- Impact on activities and lifestyle
- Date and results of last medical follow-up

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### Stroke
A stroke is an interruption of the blood supply to any part of the brain causing permanent damage. It can be caused by a haemorrhage, vascular event, or thrombosis.

**Important Factors**
- Current age and age at onset
- Number of events/episodes
- Type of treatment/medication
- Smoking status
- Extent of any residual affect or neurological deficit
- Any additional health risks

**Likely Decision**
- Ratings dependent on:
  - Age at onset
  - Cause
  - Type

**Underwriting Information Requirements**
- APS

**Helpful:**
- Dates and cause of each episode
- Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment
- Medications, dosages and other treatments prescribed, with dates
- Details of related hospitalizations or emergency room visits
- Time off from work related to this condition
- Impact on activities and lifestyle
- Date and results of last medical follow-up
<table>
<thead>
<tr>
<th>CONDITION DESCRIPTIONS</th>
<th>IMPORTANT FACTORS</th>
<th>LIKELY DECISION</th>
<th>UNDERWRITING INFORMATION REQUIREMENTS</th>
</tr>
</thead>
</table>
| Transient Ischemic Attack (TIA) | • Age at diagnosis and current age  
• Type of treatment  
• Medications and dosages prescribed  
• Number of episodes  
• Smoking status | Ratings dependent on:  
• Age  
• Date of attack(s)  
• Smoking status | Required:  
• APS  
Helpful:  
• Date and number of attacks  
• Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment  
• Medications, dosages and other treatments prescribed, with start and end dates  
• Details of related hospitalizations or emergency room visits  
• Time off from work related to this condition  
• Impact on activities and lifestyle  
• Date and results of last medical follow-up |
| Ulcerative Colitis | • Current age  
• Severity of symptoms and disease  
• Date of last flareup  
• Medications and dosages prescribed  
• Hospitalizations or emergency room visits  
• Weight stability or weight loss  
• Medical complications or other health risks | Ratings dependent on:  
• Current age  
• Age at diagnosis  
• Severity of disease | Required:  
• APS  
Helpful:  
• Colonoscopy screening results with dates  
• Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment  
• Medications, dosages and other treatments prescribed, with start and end dates  
• Compliance with the above  
• Date of last episode or flare-up  
• Date and results of last medical follow-up |

**Transient Ischemic Attack (TIA)**
A TIA is an episode of neurological dysfunction that lasts no more than 24 hours and has no residual or permanent damage.

**Ratings dependent on:**
- Age
- Date of attack(s)
- Smoking status

**Within six months of attack:**
- Postpone

**Unfavourable factors:**
- Other health risks e.g. Diabetes, Hypertension

**Required:**
- APS

**Helpful:**
- Date and number of attacks
- Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment
- Medications, dosages and other treatments prescribed, with start and end dates
- Details of related hospitalizations or emergency room visits
- Time off from work related to this condition
- Impact on activities and lifestyle
- Date and results of last medical follow-up

**Ulcerative Colitis**
Ulcerative colitis is a chronic disease in which the large intestine becomes inflamed and ulcerated.

**Ratings dependent on:**
- Current age
- Age at diagnosis
- Severity of disease

**Range:**
- Standard to decline

**Unfavourable factors:**
- Younger applicants will have higher ratings

**Within six months of surgery, flare-up or diagnosis:**
- Postpone
This chart provides guidelines for ratings based on build. It applies to all adults regardless of their age or gender. Minor variations may apply.

<table>
<thead>
<tr>
<th>Height (ft/in)</th>
<th>150%</th>
<th>175%</th>
<th>200%</th>
<th>225%</th>
<th>250%</th>
<th>275%</th>
<th>300%</th>
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</table>

Example:
If you are 5’6” tall and weigh 250 pounds you would be rated 200% for build.
This chart provides guidelines for ratings based on build. It applies to all adults regardless of their age or gender. Minor variations may apply.

<table>
<thead>
<tr>
<th>Height (cm)</th>
<th>Weight (kgs)</th>
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Example:
If you are 168 cm tall and weigh 114 kgs, you would be rated 200% for build.
<table>
<thead>
<tr>
<th>CONDITION DESCRIPTIONS</th>
<th>IMPORTANT FACTORS</th>
<th>LIKELY DECISION</th>
<th>UNDERWRITING INFORMATION REQUIREMENTS</th>
</tr>
</thead>
</table>
| **Aviation, Commercial** | • Type of flying and hours in-flight  
                          • Total hours as a pilot with special flying accreditations  
                          • Type of aircraft flown and destinations  
                          • Expected flight hours in next 12 - 24 months | Ratings dependent on:  
                          • Type of specialized flying  
                          • Experience as a pilot including hours per year in flight  
                          **Range:**  
                          • Standard rates up to $10.00 extra per thousand  
                          **Unfavourable factors:**  
                          • Any health risks  
                          **Note:**  
                          • Special exclusion clauses generally not available | Required:  
                          • Aviation Questionnaire  
                          Helpful:  
                          • Aviation license(s) held  
                          • Type and frequency of specialized flying  
                          • Total experience as pilot in logged hours per year  
                          • Any accidents?  |
| **Aviation, Private** | • Type of flying and hours in-flight  
                          • Total hours as a pilot with special flying accreditations  
                          • Type of aircraft flown and destinations  
                          • Expected flight hours in next 12 - 24 months | Ratings dependent on:  
                          • Age  
                          • Flying experience (in hours)  
                          **Less than 100 hours logged or under age 26 or student pilots:**  
                          • $3.50 x five years (in most cases)  
                          **Over age 26, in excess of 100 hours logged, expected flying time in next 12 months under 200 hours:**  
                          • Considered at Standard rates  
                          **Note:**  
                          • Special exclusion clause may be available | Required:  
                          • Aviation Questionnaire  
                          Helpful:  
                          • Aviation license(s) held  
                          • Type and frequency of specialized flying  
                          • Total experience as pilot in logged hours per year  
                          • Any accidents?  |
| **Aviation, Sport** | • Current age  
                          • Type of flying  
                          • Flying destinations  
                          • Amateur or professional status  
                          • Medical and lifestyle history | Ratings dependent on:  
                          • Type of activity  
                          • Frequency  
                          • Destination  
                          **Email inquiry suggested.**  
                          **Notes:**  
                          • Special exclusion clause may be available  
                          • Ratings may vary according to participation | Required:  
                          • Aviation or Parachuting Questionnaire as applicable  
                          Helpful:  
                          • Aviation license(s) held  
                          • Type and frequency of aviation sport  
                          • Total experience as a pilot in logged hours per year  
                          • Member of a specialized flying club?  
                          • Any accidents?  
                          • Type of aircraft including if home built |
## NON-MEDICAL RISKS

<table>
<thead>
<tr>
<th>CONDITION DESCRIPTIONS</th>
<th>IMPORTANT FACTORS</th>
<th>LIKELY DECISION</th>
<th>UNDERWRITING INFORMATION REQUIREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Climbing</strong></td>
<td>• Current age</td>
<td><strong>Indoor rock climbing</strong>:</td>
<td>• Climbing Questionnaire</td>
</tr>
<tr>
<td>Including rock,</td>
<td>• Type of terrain</td>
<td>• Standard</td>
<td><strong>Helpful</strong>:</td>
</tr>
<tr>
<td>mountain, ice/snow</td>
<td>• Location(s) and height</td>
<td>• $2.50 extra per thousand</td>
<td>• Frequency, average height and location of climbing</td>
</tr>
<tr>
<td>climbing.</td>
<td>• Frequency of climbing</td>
<td>• Ice climbing under 13,000 feet:</td>
<td>• Solo climber or with a group or instructor?</td>
</tr>
<tr>
<td></td>
<td>• Experience</td>
<td>• $3.50 extra per thousand</td>
<td>• Climb location</td>
</tr>
<tr>
<td></td>
<td>• Medical and lifestyle history</td>
<td><strong>Extreme climbing over 23,000 feet</strong>:</td>
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<tr>
<td></td>
<td></td>
<td>• Decline</td>
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<td></td>
<td><strong>Notes</strong>:</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Special exclusion clause may be available</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Ratings may vary according to participation</td>
<td></td>
</tr>
<tr>
<td><strong>Driving</strong></td>
<td>• Number and type of infractions</td>
<td><strong>Ratings dependent on</strong>:</td>
<td><strong>Required</strong>:</td>
</tr>
<tr>
<td></td>
<td>• Severity of the infraction</td>
<td>• Current age</td>
<td>• MVR plus applicable Questionnaires</td>
</tr>
<tr>
<td></td>
<td>• Current age</td>
<td>• Severity</td>
<td>[e.g. Drug Use, Drinking Habits, etc.]</td>
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<tr>
<td></td>
<td>• Age at time of the infraction</td>
<td>• Number of infractions</td>
<td><strong>Helpful</strong>:</td>
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<tr>
<td></td>
<td>• Impaired driving charges</td>
<td><strong>Within six months of an impaired driving charge or completion of suspension</strong>:</td>
<td>• Type and validity of driver’s license</td>
</tr>
<tr>
<td></td>
<td>• Any driving suspensions?</td>
<td>• Not considered</td>
<td>• Dates and details of infractions</td>
</tr>
<tr>
<td><strong>Missionary Travel</strong></td>
<td></td>
<td><strong>Two or more impaired driving charges</strong>:</td>
<td>• Dates and details of any charges of driving while impaired</td>
</tr>
<tr>
<td>Individuals travelling outside of Canada for missionary, peacekeeping, government diplomacy, journalistic and foreign aid work.</td>
<td></td>
<td>• Decline younger applicants</td>
<td>• Penalties including fines and suspensions</td>
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<td></td>
<td>• Higher ratings</td>
<td></td>
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<td><strong>Missionary travel</strong>:</td>
<td><strong>Any outstanding fines?</strong></td>
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<td></td>
<td></td>
<td>• Not insurable</td>
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<td><strong>Peacekeeping, government diplomacy, journalistic and foreign aid work</strong>:</td>
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<td></td>
<td></td>
<td>• Likely decline</td>
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</table>
## NON-MEDICAL RISKS

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<tr>
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</thead>
<tbody>
<tr>
<td><strong>Motor Vehicle Racing</strong>&lt;br&gt;This includes ARCA, Drag Racing, Sprint Cars, Stock Cars, etc.</td>
<td>• Current age&lt;br&gt;• Type of vehicle&lt;br&gt;• Type of fuel&lt;br&gt;• Frequency of racing&lt;br&gt;• Speed&lt;br&gt;• Type of course&lt;br&gt;• Medical and lifestyle history</td>
<td>Ratings dependent on:&lt;br&gt;• Type of vehicle&lt;br&gt;• Type of fuel&lt;br&gt;• Speed&lt;br&gt;<strong>Stock cars, demolition derby and auto/moto-cross:</strong>&lt;br&gt;• Standard&lt;br&gt;<strong>Range for other types of racing:</strong>&lt;br&gt;• $2.50 to $10.00 extra per thousand</td>
<td>Required:&lt;br&gt;• Motor Sports Questionnaire&lt;br&gt;Helpful:&lt;br&gt;• Type of vehicle raced&lt;br&gt;• Type of fuel used&lt;br&gt;• Frequency of racing&lt;br&gt;• Amateur/recreational or professional status?&lt;br&gt;• Average and maximum speed achieved while racing</td>
</tr>
<tr>
<td><strong>Scuba Diving</strong></td>
<td>• Current age&lt;br&gt;• Experience and certification&lt;br&gt;• Depth of dives&lt;br&gt;• Frequency and location(s)&lt;br&gt;• Participation in extra diving activities such as exploration of caves, wrecks etc.&lt;br&gt;• Medical and lifestyle history&lt;br&gt;• Any history of specialized diving&lt;br&gt;• Any history of drug or alcohol use/abuse</td>
<td>Ratings dependent on:&lt;br&gt;• Depth&lt;br&gt;• Dive locations&lt;br&gt;• Type of dive&lt;br&gt;<strong>Recreational diving at resorts, open water, lakes with depths under 100 feet:</strong>&lt;br&gt;• Standard&lt;br&gt;<strong>Cave dives, wreck dives, search and rescue dives, depths over 100 feet:</strong>&lt;br&gt;• $2.50 extra per thousand and up</td>
<td>Required:&lt;br&gt;• Scuba Diving Questionnaire&lt;br&gt;Helpful:&lt;br&gt;• Diving certification level&lt;br&gt;• Amateur/recreational or professional status?&lt;br&gt;• Average dive depth&lt;br&gt;• Frequency and location of dives</td>
</tr>
</tbody>
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Exclusions are not available if the avocations are part of occupational duties.

## OTHER GUIDES

Click on links below to access these other guides.

- [Evidence of insurability schedule](#)
- [Financial underwriting guidelines](#)
- [Recent immigrant and temporary resident underwriting guidelines](#)
### SMOKING DEFINITION

| Equation Generation® IV, Equimax® and EquiLiving CI | To be considered a non-smoker, the insured must not have used any cigarettes, pipe or chewing tobacco, smoking cessation products, or tobacco substitutes within the past 12 months. Up to one cigar/cigarillo is permitted per month, subject to a negative cotinine level. Clients who use marijuana, whether inhaled or ingested, may qualify for non-smoker rates (Class 3). |
| Term Plans and Riders | Preferred underwriting is available for face amounts starting at $1,000,000 for ages 18-50, and $500,000 for ages 51-60. Preferred underwriting is not available for ages 61 and above. |

(See Preferred Underwriting Classifications #1345 for details.)
STOP SMOKING INCENTIVE PROGRAM

Equitable Life’s Stop Smoking Incentive Program is applicable to:

- Equation Generation IV
- Equimax
- Term Plans and Riders

The program is not available with:

- EquiLiving
- EquiLiving CI Riders

How it works

Should your client quit smoking for 12 consecutive months within the first two policy years, Equitable Life will refund the difference between what they paid as a smoker and what they would have paid as a non-smoker for a maximum one month period. Eligibility is subject to certain conditions including a negative cotinine level, and evidence of continued insurability. Term clients may be eligible to move from a Class 4 Preferred Smoker or Class 5 Smoker to a Class 3 Non-Smoker.

QUESTIONS?

For more information, contact your Equitable Life Regional Sales Manager.

While Equitable Life has made every effort to ensure the accuracy of the information presented here, the policy contract governs in all cases.
Works for me.

Canadians have turned to Equitable Life since 1920 to protect what matters most. We work with you to offer solutions that provide good value, and help you navigate those solutions to meet the needs of your clients.

Equitable Life is not your typical financial services company. We have the knowledge, experience and ability to find solutions that work for you. We’re friendly, caring and interested in helping. And we’re owned by our participating policyholders, not shareholders, allowing us to focus on your needs and providing you with personalized service, financial protection and peace of mind.