LIVING PROTECTION™ SIMPLE ISSUE CRITICAL ILLNESS INSURANCE

ADVISOR GUIDE



living protection

Equitable Life of Canada®

Works for me.®

ABOUT EQUITABLE LIFE OF CANADA®





Equitable Life® is one of Canada's largest mutual life insurance companies. For generations we've provided policyholders with sound financial protection, and we look forward to continuing to deliver long-term financial value. We're focused on the needs of our clients, and pride ourselves on the breadth and quality of our financial and insurance products and on our premier client service.

The mutual structure of our company ensures that our participating policyholders are owners with voting rights on company issues. With no shareholders imposing undue emphasis on short-term earnings, Equitable Life always operates in the best interest of our policyholders.

Equitable Life is a focused, stable and strong company.

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.

ABOUT THIS GUIDE

This guide provides a detailed overview of Living Protection critical illness insurance. This simple issue product is underwritten using just a few simple health questions. The policy contract provides full product details and will govern in all cases. FOR ADVISOR USE ONLY.

About critical illness insurance 1
The incidence of critical illness 1
The cost of critical illness 1
About Living Protection™ 2
Target markets 2
Marketing materials 2
How to order 2
Features at-a-glance 3
Living Protection overview 4
Plan type/Issue ages 4
Benefit payment 4
Survival period 4
Extension of expiry 4
Termination 5
Exclusions and limitations 5
Tax treatment 5
Optional riders 6
Return of premiums on death (ROPD) 6
Return of premiums at expiry (ROPE) 6
Simplified underwriting 7
Rate Calculator and Sample Premiums Flyer 10
Simple Issue Application Authorization Form 11
How to complete an electronic quote and application 12
Simple Issue Application Checklist 14
Covered conditions 15
Heart attack 15
Stroke 15
Cancer (life-threatening) 16
Coronary artery bypass surgery 16
Other important definitions 17
Covered critical condition outside of Canada 17
Diagnosis 17
Licensed medical specialist 17
Surgery 17
Set up and administration 18
Beneficiary designation 18
Plan changes 18
Welcome letter 20
Equitable Client Access 20
Questions? 20

ABOUT CRITICAL ILLNESS INSURANCE

"People need insurance, not because they are going to die, but because they're going to live."

– Dr. Marius Barnard, originator of the critical Illness insurance concept

The incidence of critical illness

Do you know anyone who has had a:

- ☒ Heart attack
- ☒ Cancer
- ☒ Stroke
- ☒ Coronary artery bypass surgery

Chances are you do. If you don't, you are probably familiar with some of these statistics:

- 2 out of 5 Canadians (46% of men and 41% of women) are expected to develop cancer during their lifetimes. www.cancer.ca (based on 2007 data)
- 63% of Canadians diagnosed with cancer are expected to survive for 5 years or more after a cancer diagnosis. www.cancer.ca (based on 2006-2008 data)
- Someone has a heart attack every 7 minutes and a stroke every 10 minutes. www.heartandstroke.com (based on 2012 and 1998 data respectively)
- The leading cause of hospitalization in Canada continues to be heart disease and stroke. www.heartandstroke.com

The cost of living with a critical illness

The risk of a critical illness is real. The costs can deplete a family's life savings. Here are some examples of additional expenses people could face when living with a critical illness.

- The average cost of in-home care varies by province. It can cost more than $40 per day. www.homecareontario.ca
- Approximately 72% of in-home care is personal support and homemaking, including bathing, meal preparation, housekeeping, shopping, etc. Home Care in Ontario, April 2012 – 2013
- The average cost of a single course of treatment with current cancer drugs is $65,000 with the individual being responsible for up to $13,000 or more of the cost. www.cancer.ca "Financial hardship of cancer of Canada"
- For 1 in 12 Canadian families, drug costs amount to more than 3% of their net household income. www.cancer.ca "Financial hardship of cancer of Canada"

ABOUT LIVING PROTECTION™

Living Protection is a critical illness insurance plan that provides a lump sum payment following the diagnosis and survival[1] of a heart attack, stroke, or cancer, or coronary artery bypass surgery. It insures your client for the four most common illnesses facing Canadians today and is less expensive than plans that are more comprehensive. And premiums are guaranteed.

It makes funds available to:

- Cover day-to-day expenses,
- Pay additional costs incurred as a result of the critical illness (such as modifications to their home or car to improve mobility),
- Replace their income so your client can take a leave from work.

It allows them time to recover without jeopardizing their family's financial security.

Our simple issue approach means no medical exam is required[2]. No need to go through intensive medical underwriting. Simply answer a few health questions to qualify. Our electronic application means getting the policy will be quicker than traditional policies. Most policies can be issued within 2 days when all requirements are submitted with the application.

[1] Following the diagnosis of or surgery for a covered condition and survival period of generally 30 days.
[2] Results of the MIB check may require additional medical information.

Target markets

Living Protection is ideal for:

- Individuals wanting critical illness insurance protection without going through more intensive underwriting for traditional policies,
- Those who prefer affordable basic coverage rather than a more expensive comprehensive plan,
- Individuals looking for a smaller amount of insurance to replace income or cover additional expenses incurred because of their illness.

Marketing materials

The following marketing material is available to assist with your Living Protection sales. They are all available in English and French.

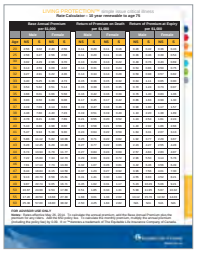
Client Material



Client brochure #1087

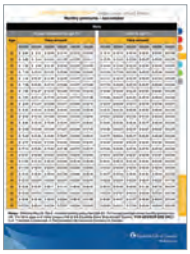


Sales Solution: Affordable CI #1107

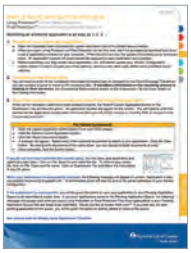


Rate Calculator (Available in pdf format only)

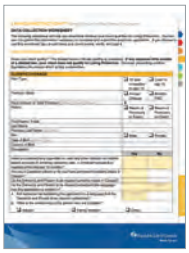
Advisor Material



Sample Premiums Flyer (Available in pdf format only)



Simple Issue Application Checklist



Data Collection Worksheet (Available in pdf format only)

How to order

Log in to EquiNet at **www.equitable.ca/advisorhome**. Select Marketing Materials under Insurance, and then select Order Now form 1390. Please request marketing material from your MGA. Your MGA should complete the order form, scan it and email it to **supply@equitable.ca** or FAX it to 519-883-7424

FEATURES AT-A-GLANCE	
Covered conditions	• Living Protection offers your client coverage for the four most common illnesses facing Canadians today: • heart attack • stroke • cancer • coronary artery bypass surgery
Sum insured	• Minimum: $10,000 • Maximum: $50,000
Plan type/ Issue ages	• 10 year renewable to age 75 (ages 18 – 65) • Level to age 75 (ages 18 – 64)
Availability	• Single life • Must be a Canadian citizen or have permanent resident status • Must currently reside in Canada
Change privilege	• 10 year renewable to age 75 plan can be changed to a Level to age 75 plan up to and including the anniversary nearest the insured's age 60. • No evidence of insurability is required.
Expiry	• Age 75 of the life insured
Admin/ policy fee	• $50 per year / $4.50 per month
Easy electronic application	• Simple quote and application available through Equitable Sales Illustrations® System submitted electronically with no login required. • You'll find the process is easy and efficient and reduces the time between submission and commission.
Simplified underwriting:	• Underwriting is based on a few simple health questions • No paramedical, saliva, blood profile or urine required • Results of the MIB check may require additional medical information • Risk class: smoker, non-smoker (only standard rates are available)
Non-smoker definition	• To be considered a non-smoker, the person insured must not have smoked any cigarettes or used any other tobacco or nicotine based products or smoking cessation aids, or smoked marijuana or hashish within the last 12 months.
Optional riders:	• Return of premiums on death (ROPD) • Return of premiums at expiry (ROPE)
Built-in features:	• Guaranteed premiums

LIVING PROTECTION OVERVIEW

Plan type/Issue ages

- 10 year renewable to age 75 (ages 18 – 65)
  - Provides a level sum insured for the life of the policy. The guaranteed premiums renew (increase) every 10 years until the policy anniversary nearest your client's attained age 75, when the policy expires.
- Level to age 75 (ages 18 – 64)
  - Provides a level sum insured for the life of the policy. The guaranteed premiums are level until the policy anniversary nearest your client's attained age 75, when the policy expires.
- Back-dating to save age is not permitted.
- Living Protection uses an age nearest pricing approach. Age nearest refers to the issue age of the life insured and is determined by the date of birth of the life insured and the issue date of the policy.

Benefit payment

Following the diagnosis of or surgery for a covered condition, and a survival period of usually 30 days, Living Protection provides your client with a lump sum payment of the sum insured (benefit amount). The policy must be in force at the time. A licensed medical specialist in Canada, the United States, or other region as approved by Equitable Life must undertake the diagnosis of the covered conditions or perform the surgery, unless otherwise specified in the policy contract. The physician may not be the owner, the person insured, or a relative or other partner of the owner or the person insured.

Exclusion: No benefit payment will be made for any illness, disorder, or condition not specifically defined in the policy contract. It is important to note the Living Protection benefit is payable only once and only for one critical condition. Once the Living Protection benefit is paid, the policy terminates, regardless of how many additional critical conditions your client may be diagnosed with.

Survival period

For your client to receive a benefit, they must survive the specified number of days starting on the date of diagnosis of, or surgery for, the critical condition. The survival period is generally 30 days unless otherwise specified in the policy contract. The person insured must be alive at the end of the survival period and must not have experienced irreversible cessation of all functions of the brain during the survival period for a benefit payout to be made.

Extension of expiry

With Living Protection, your client's plan expires on the policy anniversary nearest his or her attained age 75. However, if the policy expires while the person insured is satisfying an applicable survival period for a covered condition, the extension of expiry applies, and your client's Living Protection policy will remain in force until the earlier of:

- The date of the person insured's death, or
- The date the person insured's Living Protection benefit becomes payable.

The extension of expiry provides coverage only for the particular covered critical condition that initiated the extension of expiry.

Termination

Living Protection coverage terminates upon the earlier of:

- Lapse of the policy,
- The written request of the owner, effective on the date the notice is received by Equitable Life at its head office,
- The date the Living Protection benefit becomes payable,
- The date of death of the person insured,
- The date of payment of the return of premiums on death (ROPD) (if included at the time the policy was issued),
- The expiry date of the policy, if applicable provided the policy has not terminated under any other termination provisions contained within the policy.

Exclusions and limitations

No Living Protection benefit will be paid if the person insured is diagnosed with a covered condition that arises directly or indirectly from:

- Suicide attempt or self-inflicted injury while sane or insane,
- Misuse of medication or the use of illegal drugs or intoxicants,
- Failure to seek or follow the medical advice of a licensed physician,
- An act of declared or undeclared war, or conflict between the armed services of countries or international organizations,
- Terrorism,
- Committing or attempting to commit a criminal offence,
- Operating a motor vehicle while the concentration of alcohol in 100 millilitres of blood exceeds 80 milligrams,
- Taking a poisonous substance or inhaling toxic gases or fumes.

Tax treatment

Regarding critical illness insurance, Equitable Life interprets current tax laws as follows:

- If premiums are paid by an individual, the critical illness benefit payout received is not taxable, regardless of who owns the policy
- If premiums are paid by an employer and are deducted as a business expense, either the premium paid (which will be added to the person insured's income) or the benefit payout received will be considered to be taxable to the person insured
- A corporation cannot own a Living Protection policy.

Note: Taxation of critical illness insurance and the additional benefits available under this insurance coverage is still under review. Therefore, this information should not be considered tax advice and should not be used as the basis for Living Protection purchase decisions. Your client should seek advice from their lawyers or tax advisors regarding the taxation of Living Protection critical illness insurance.

OPTIONAL RIDERS	

Return of premiums at expiry (ROPE)	• Issue ages: 18 – 55 years
	• Expiry: Policy anniversary nearest the person insured's age 75
	• If the policy expires and no Living Protection benefit has been paid or is payable, Equitable Life will return to the owner, an amount equal to the applicable premiums paid, up to a maximum of the Living Protection critical illness coverage sum insured.
	• The rider is only available at the time the policy is issued.
	• The amount of premiums to be returned on expiry includes:
	  • The sum of premiums paid for the policy,
	  • Administration fees,
	  • Premiums for return of premiums at expiry and return of premiums on death riders, (if applicable).

Return of premiums on death (ROPD)	• Issue ages:
	  • 18 – 64 years (Level to age 75)
	  • 18 – 65 years (10 year renewable to age 75)
	• If the life insured dies at any time while their Living Protection policy is in force and no Living Protection benefit has been paid or is payable, Equitable Life will return to their beneficiaries an amount equal to the applicable premiums paid, up to a maximum of the Living Protection critical illness coverage sum insured.
	• The rider is only available at the time the policy is issued.
	• The amount of premiums returned on death includes:
	  • The sum of premiums paid for the policy,
	  • Administration fees,
	  • Premiums for return of premiums at expiry and return of premiums on death riders, (if applicable).

SIMPLIFIED UNDERWRITING

Underwriting for Living Protection is based on a few simple health questions. A MIB (Medical Information Bureau) check will be completed when the application is submitted to determine if further medical information is required. Only standard risk classes are available.

See if your client qualifies by answering the questions below. If any response falls outside of a shaded box, your client does not qualify for Living Protection.

CLIENT/COVERAGE

	Yes	No
Have you smoked any cigarettes or used any other tobacco or nicotine based products or smoking cessation aids, or smoked marijuana or hashish within the last 12 months?		
Are you a Canadian citizen or do you have permanent resident status in Canada?		
Do the Owner(s) and Person to be insured currently reside in Canada?		
Do the Owner(s) and Person to be insured understand the language that this application is written in?		Go to A
a) Will someone be translating the application to a language that the Owner(s) and Person to be insured understand?	Go to B	
b) What relationship to the Client is the person who will translate? ❑ Advisor ❑ Family Member ❑ Other		

STATEMENT OF HEALTH

	Yes	No
1. In the past two (2) years have you had an application for critical illness insurance or life insurance declined or postponed or modified in any way?		
2. Do you currently suffer from, or have you ever suffered from, or had symptoms of, or have consulted a doctor for, or been treated for, any of the following: a) Coronary artery disease, angina, shortness of breath, chest pain, angioplasty, bypass, heart surgery, heart attack, stroke, transient ischemic attack (TIA) or any other cerebrovascular disease or disease of the heart or the blood vessels? b) Diabetes, abnormal blood sugar, abnormalities of the thyroid, pituitary, lymph or adrenal glands, chronic kidney disease or endocrine disorder? c) Cancer, or other malignant disease such as leukemia or lymphoma, tumour, abnormal pap test (without a follow up normal test), or recurrent colon polyps (without a follow up normal colonoscopy)? d) AIDS, HIV or AIDS-related illness, persistently enlarged lymph glands, chronically abnormal blood work or any immunological disorder? e) Hepatitis B or C (including hepatitis B carrier state), abnormal liver function tests, biopsy or ultrasound results or any form of liver disease?		
3. In the last 5 years have you suffered from, or had symptoms of, or have consulted a doctor for, or been treated for any of the following: a) Breast disease or disorder, breast mass, breast cyst, abnormal mammogram or breast biopsy or undiagnosed breast pain or prostate disorder, prostate nodule or abnormal PSA or ultrasound results? b) Crohn's, ulcerative colitis, persistent undiagnosed abdominal pain, rectal bleeding, or any other disorder of the colon, rectum, stomach or esophagus other than esophageal reflux or ulcer controlled with medication or irritable bowel?		
4. In the last 5 years have you: a) Been counseled, treated for or joined or been advised to join an organization or program due to alcohol or drug use? b) Used narcotics, cocaine, heroin, morphine, Demerol, LSD, hashish, hallucinogens, amphetamines, barbiturates, tranquilizers, or anabolic steroids or any drugs not prescribed by a licensed physician, or methadone whether prescribed by a physician or not?		
5. Do you have any symptoms or complaints for which you are being investigated, are under observation or treatment, or for which you are awaiting investigation or test results? (Exclude normal pregnancy, cold, flu, musculoskeletal injuries or routine checkups for which no follow up is required.)		
6. Have 2 or more of your immediate family members (mother, father, brother or sister) been diagnosed with or treated for, heart disease, aneurysm, stroke, polycystic kidney disease, or cancer prior to age 60.		

STATEMENT OF HEALTH continued

	Yes	No
7. Does your current weight exceed the weight indicated for your height in the table below?		

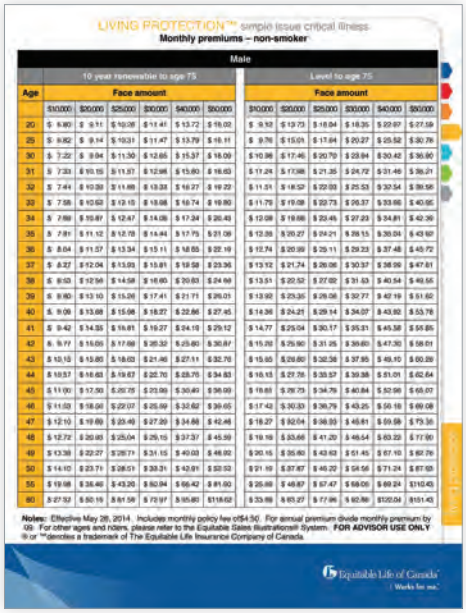
Height (in)	Weight (lbs)	Height (cm)	Weight (kgs)
56	174	142	79
57	180	145	82
58	186	147	84
59	196	150	88
60	199	152	90
61	206	155	93
62	213	157	97
63	220	160	100
64	227	163	103
65	234	165	106
66	241	168	109
67	249	170	113
68	256	173	116
69	264	175	120
70	272	178	123
71	279	180	127
72	287	183	130
73	295	185	134
74	303	188	137
75	312	190	142
76	320	193	145
77	329	196	149
78	337	198	153

RATE CALCULATOR AND SAMPLE PREMIUMS FLYER

In addition to the illustration system, there are two other tools to produce quotes for your clients quickly and easily.

Sample Premiums Flyer

The monthly premiums (including the policy fee) are already calculated for you for selected ages and face amounts. You can use it to give your client an idea of what the cost might be, for the base product only, before running an actual quote. Riders are not included. Annual premiums can be calculated by dividing the monthly premium by .09.



LIVING PROTECTION™ simple issue critical illness

Monthly premiums – non-smoker

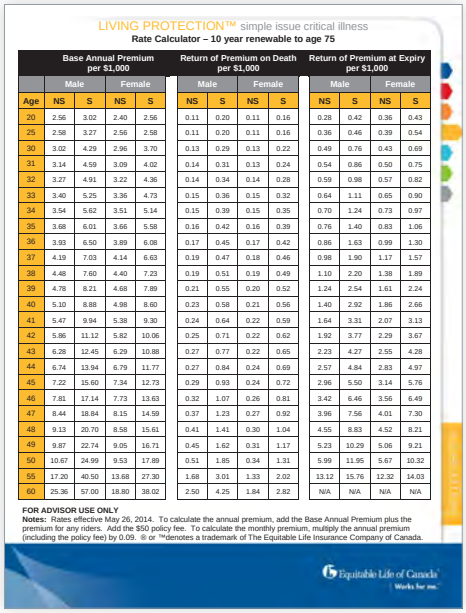
	Male											
	10 year renewable to age 75					Level to age 75						
Age	Face amount					Face amount						
	$10,000	$20,000	$25,000	$30,000	$40,000	$50,000	$10,000	$20,000	$25,000	$30,000	$40,000	$50,000
20	$ 6.80	$ 9.11	$ 10.26	$ 11.41	$ 13.72	$ 16.02	$ 9.10	$ 13.73	$ 18.04	$ 18.35	$ 22.97	$ 27.59
25	$ 6.82	$ 9.14	$ 10.31	$ 11.47	$ 13.79	$ 16.11	$ 9.76	$ 15.01	$ 17.64	$ 20.27	$ 25.52	$ 30.76
30	$ 7.22	$ 9.84	$ 11.30	$ 12.65	$ 15.37	$ 18.09	$ 10.96	$ 17.46	$ 20.70	$ 23.94	$ 30.42	$ 36.90
31	$ 7.33	$ 10.15	$ 11.57	$ 12.98	$ 15.80	$ 18.63	$ 11.24	$ 17.98	$ 21.35	$ 24.72	$ 31.46	$ 38.21
32	$ 7.44	$ 10.39	$ 11.88	$ 13.33	$ 16.27	$ 19.22	$ 11.51	$ 18.52	$ 22.03	$ 25.53	$ 32.54	$ 39.56
33	$ 7.58	$ 10.62	$ 12.13	$ 13.68	$ 16.74	$ 19.80	$ 11.79	$ 19.08	$ 22.73	$ 26.37	$ 33.66	$ 40.95
34	$ 7.69	$ 10.87	$ 12.47	$ 14.08	$ 17.34	$ 20.48	$ 12.09	$ 19.66	$ 23.45	$ 27.23	$ 34.81	$ 42.39
35	$ 7.81	$ 11.12	$ 12.78	$ 14.44	$ 17.75	$ 21.06	$ 12.38	$ 20.27	$ 24.21	$ 28.15	$ 36.04	$ 43.92
36	$ 8.04	$ 11.57	$ 13.34	$ 15.11	$ 18.65	$ 22.19	$ 12.74	$ 20.99	$ 25.11	$ 29.23	$ 37.48	$ 45.72
37	$ 8.27	$ 12.04	$ 13.93	$ 15.81	$ 19.58	$ 23.36	$ 13.12	$ 21.74	$ 26.06	$ 30.37	$ 38.99	$ 47.61
38	$ 8.53	$ 12.54	$ 14.58	$ 16.60	$ 20.63	$ 24.66	$ 13.51	$ 22.52	$ 27.02	$ 31.53	$ 40.54	$ 49.55
39	$ 8.80	$ 13.10	$ 15.26	$ 17.41	$ 21.71	$ 26.01	$ 13.92	$ 23.35	$ 28.06	$ 32.77	$ 42.19	$ 51.62
40	$ 9.09	$ 13.68	$ 15.98	$ 18.27	$ 22.86	$ 27.45	$ 14.36	$ 24.21	$ 29.14	$ 34.07	$ 43.92	$ 53.78
41	$ 9.42	$ 14.35	$ 16.81	$ 19.27	$ 24.19	$ 29.12	$ 14.77	$ 25.04	$ 30.17	$ 35.31	$ 45.58	$ 55.85
42	$ 9.77	$ 15.05	$ 17.69	$ 20.32	$ 25.60	$ 30.87	$ 15.20	$ 25.90	$ 31.25	$ 36.60	$ 47.30	$ 58.01
43	$ 10.13	$ 15.80	$ 18.63	$ 21.46	$ 27.11	$ 32.76	$ 15.65	$ 26.80	$ 32.38	$ 37.95	$ 49.10	$ 60.26
44	$ 10.57	$ 16.63	$ 19.67	$ 22.70	$ 28.76	$ 34.83	$ 16.13	$ 27.76	$ 33.57	$ 39.38	$ 51.01	$ 62.64
45	$ 11.00	$ 17.50	$ 20.75	$ 23.99	$ 30.49	$ 36.99	$ 16.61	$ 28.75	$ 34.79	$ 40.84	$ 52.90	$ 65.07
46	$ 11.53	$ 18.50	$ 22.07	$ 25.59	$ 32.62	$ 39.65	$ 17.12	$ 30.33	$ 36.79	$ 43.25	$ 56.18	$ 69.08
47	$ 12.10	$ 19.69	$ 23.49	$ 27.29	$ 34.88	$ 42.48	$ 18.27	$ 32.04	$ 38.93	$ 45.81	$ 59.58	$ 73.35
48	$ 12.72	$ 20.93	$ 25.04	$ 29.15	$ 37.37	$ 45.59	$ 19.19	$ 33.66	$ 41.20	$ 48.54	$ 63.23	$ 77.90
49	$ 13.38	$ 22.27	$ 26.71	$ 31.15	$ 40.03	$ 48.92	$ 20.15	$ 35.80	$ 43.62	$ 51.45	$ 67.10	$ 82.76
50	$ 14.10	$ 23.71	$ 28.51	$ 33.31	$ 42.91	$ 52.52	$ 21.19	$ 37.87	$ 46.20	$ 54.56	$ 71.24	$ 87.93
55	$ 19.98	$ 35.46	$ 43.20	$ 50.94	$ 66.42	$ 81.90	$ 25.69	$ 46.87	$ 57.47	$ 68.05	$ 89.24	$ 110.43
60	$ 27.52	$ 50.19	$ 61.58	$ 72.97	$ 95.80	$ 118.62	$ 33.88	$ 63.27	$ 77.96	$ 92.66	$ 122.04	$ 151.43

Notes: Effective May 26, 2014. Includes monthly policy fee of $4.50. For annual premium divide monthly premium by .09. For other ages and riders, please refer to the Equitable Sales Illustrations® System. **FOR ADVISOR USE ONLY**
® or ™denotes a trademark of The Equitable Life Insurance Company of Canada.

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Rate Calculator

This tool provides the cost per thousand of coverage for most ages. It's ideal for calculating the total annual rate for the base product and riders - Return of Premium on Death (ROPD) and Return of Premium at Expiry (ROPE). Add the annual policy fee. Monthly premiums can be calculated by multiplying the annual premium (including the policy fee) by .09.



LIVING PROTECTION™ simple issue critical illness

Rate Calculator – 10 year renewable to age 75

	Base Annual Premium per $1,000				Return of Premium on Death per $1,000				Return of Premium at Expiry per $1,000			
	Male		Female		Male		Female		Male		Female	
Age	NS	S	NS	S	NS	S	NS	S	NS	S	NS	S
20	2.56	3.02	2.40	2.56	0.11	0.20	0.11	0.16	0.28	0.42	0.36	0.43
25	2.58	3.27	2.56	2.58	0.11	0.20	0.11	0.16	0.36	0.46	0.39	0.54
30	3.02	4.29	2.96	3.70	0.13	0.29	0.13	0.22	0.49	0.76	0.43	0.69
31	3.14	4.59	3.09	4.02	0.14	0.31	0.13	0.24	0.54	0.86	0.50	0.75
32	3.27	4.91	3.22	4.36	0.14	0.34	0.14	0.28	0.59	0.98	0.57	0.82
33	3.40	5.25	3.36	4.73	0.15	0.36	0.15	0.32	0.64	1.11	0.65	0.90
34	3.54	5.62	3.51	5.14	0.15	0.39	0.15	0.35	0.70	1.24	0.73	0.97
35	3.68	6.01	3.66	5.58	0.16	0.42	0.16	0.39	0.76	1.40	0.83	1.06
36	3.93	6.50	3.89	6.08	0.17	0.45	0.17	0.42	0.86	1.63	0.99	1.30
37	4.19	7.03	4.14	6.63	0.19	0.47	0.18	0.46	0.98	1.90	1.17	1.57
38	4.48	7.60	4.40	7.23	0.19	0.51	0.19	0.49	1.10	2.20	1.38	1.89
39	4.78	8.21	4.68	7.89	0.21	0.55	0.20	0.52	1.24	2.54	1.61	2.24
40	5.10	8.88	4.98	8.60	0.23	0.58	0.21	0.56	1.40	2.92	1.86	2.66
41	5.47	9.94	5.38	9.30	0.24	0.64	0.22	0.59	1.64	3.31	2.07	3.13
42	5.86	11.12	5.82	10.06	0.25	0.71	0.22	0.62	1.92	3.77	2.29	3.67
43	6.28	12.45	6.29	10.88	0.27	0.77	0.22	0.65	2.23	4.27	2.55	4.28
44	6.74	13.94	6.79	11.77	0.27	0.84	0.24	0.69	2.57	4.84	2.83	4.97
45	7.22	15.60	7.34	12.73	0.29	0.93	0.24	0.72	2.96	5.50	3.14	5.76
46	7.81	17.14	7.73	13.63	0.32	1.07	0.26	0.81	3.42	6.46	3.56	6.49
47	8.44	18.84	8.15	14.59	0.37	1.23	0.27	0.92	3.96	7.56	4.01	7.30
48	9.13	20.70	8.58	15.61	0.41	1.41	0.30	1.04	4.55	8.83	4.52	8.21
49	9.87	22.74	9.05	16.71	0.45	1.62	0.31	1.17	5.23	10.29	5.06	9.21
50	10.67	24.99	9.53	17.89	0.51	1.85	0.34	1.31	5.99	11.95	5.67	10.32
55	17.20	40.50	13.68	27.30	1.68	3.01	1.33	2.02	13.12	15.76	12.32	14.03
60	25.36	57.00	18.80	38.02	2.50	4.25	1.84	2.82	N/A	N/A	N/A	N/A

FOR ADVISOR USE ONLY
Notes: Rates effective May 26, 2014. To calculate the annual premium, add the Base Annual Premium plus the premium for any riders. Add the $50 policy fee. To calculate the monthly premium, multiply the annual premium (including the policy fee) by 0.09. ® or ™denotes a trademark of The Equitable Life Insurance Company of Canada.

Equitable Life of Canada® | Works for me.™

Available in pdf format only. Print them directly from EquiNet / Insurance / Marketing Materials / Simple Issue Critical Illness / Living Protection

SIMPLE ISSUE APPLICATION AUTHORIZATION FORM

Because the Living Protection application is submitted electronically using the Equitable Sales Illustrations® system, the *Simple Issue Application Authorization Form* (1344) is the only document that captures the signature(s) of the applicant(s)/owner(s) and person insured. It provides confirmation of their answers and full disclosure in the application, their understanding of the application, and their beneficiary declaration.

Keep a small supply of *Simple Issue Application Authorization Forms* with you on client visits should the discussion lead to Living Protection. You'll need to have the client complete and sign the *Simple Issue Application Authorization Form* and provide you with the payment (VOID cheque for monthly PAD or cheque for first annual premium) before you leave their home.

How to print

Print the form directly from EquiNet / Insurance / Forms / 1344 or go to the Report Menu on the Equitable Sales Illustrations system.

How to order

Log in to EquiNet at www.equitable.ca/advisorhome. Select Marketing Materials under Insurance, and then select Order Now form 1390. Please request marketing material from your MGA. Your MGA should complete the order form, scan it and email it to supply@equitable.ca or FAX it to 519-883-7424.



Equitable Life of Canada®

SIMPLE ISSUE INSURANCE APPLICATION AUTHORIZATION FORM

Application Number

1. IDENTIFICATION

Applicant(s)/Owner(s)		Life (Lives) Insured	
First Name	Last Name	First Name	Last Name

2. BENEFICIARY DESIGNATION

I/We the Applicant(s)/Owner(s), designate the following beneficiary(ies).

Applicant(s)/Owner(s) residing in Quebec:

Life Beneficiary - Life Insured 1

First Name	Last Name	Relationship to Insured*	Share %	Primary or Contingent
			%	P ☐ C ☐
			%	P ☐ C ☐
			%	P ☐ C ☐

Life Beneficiary - Life Insured 2

First Name	Last Name	Relationship to Insured*	Share %	Primary or Contingent
			%	P ☐ C ☐
			%	P ☐ C ☐
			%	P ☐ C ☐

Critical Illness Beneficiary

☐ Applicant/Owner ☐ Proposed Person to be Insured ☐ Other

If other:

First Name	Last Name	Relationship to Insured*

Return of Premium on Death Beneficiary

☐ Applicant/Owner ☐ Estate ☐ Other

If other:

First Name	Last Name	Relationship to Insured*

Trustee for all minor beneficiaries

First Name	Last Name

* in Quebec - relationship to Owner

THE EQUITABLE LIFE INSURANCE COMPANY OF CANADA

(1344(2014/03/25)) Page 1 of 3

HOW TO COMPLETE AN ELECTRONIC QUOTE AND APPLICATION

Equitable Life of Canada - Equitable Sales Illustrations System

Submitting an electronic application for Living Protection™ is as easy as 1, 2, 3.

Enter all of the required information directly into the electronic application. If you prefer to complete the application in your office after meeting with your client, you can use the *Data collection worksheet* to ensure you have all the information you need. View worksheet (available in pdf format only). If you choose to use the *Data collection worksheet*, you should have your client review, verify and sign it. Do not submit it with your electronic application. Please retain it for your records.

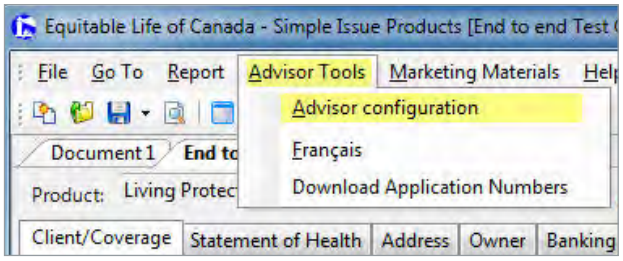
Take a small supply of *Simple Issue Application Authorization Forms* with you so that you can have the client complete and sign it. You'll need that signed form and the payment (VOID cheque for monthly PAD or cheque for the first annual premium).

1. Prepare to run a quote and application

a) Open the Equitable Sales Illustrations® system and select Living Protection.

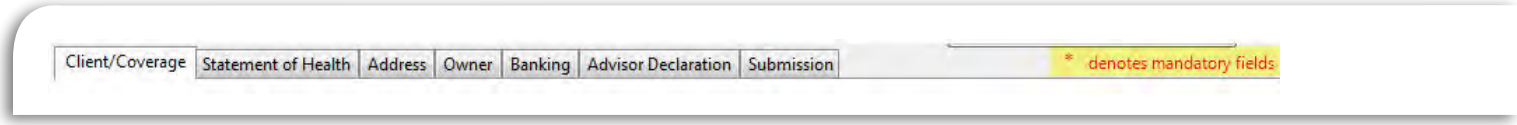
b) When you open Living Protection for the first time, you'll be prompted to download and store a set of application numbers on your computer. When this list runs low, the system will prompt you to download more.An application number will automatically be assigned to each application you complete.

c) Before submitting your first simple issue application, you will need to update your Advisor Configuration (under Advisor Tools) to include your email address, advisor code, MGA code, MGA name and MGA email address.



2. Complete all mandatory fields

You will need to enter all the mandatory information (indicated with an asterisk) on the Client/Coverage Tab before you can produce a quote or move to the remaining tabs. If mandatory information on the remaining screens is missing or there are errors, the Outstanding Requirements button on the Submission Tab will show details of the missing information.



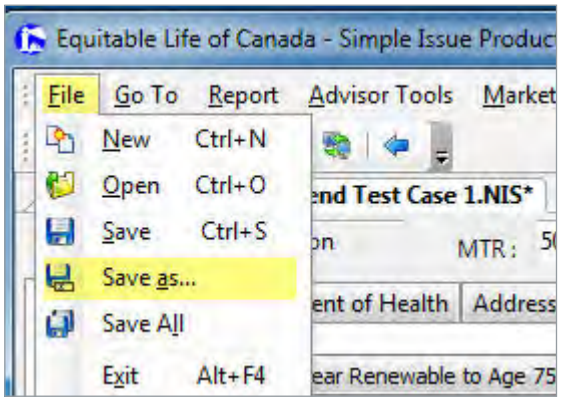
3. Attach the supporting documents and submit the electronic application

When all the mandatory fields have been entered correctly, the Submit Current Application button on the Submission Tab will become active. An application number will appear on the screen. You will need to write this number on the *Simple Issue Application Authorization Form* and the payment (VOID cheque for monthly PAD or cheque for the first annual premium).

For fastest turnaround:

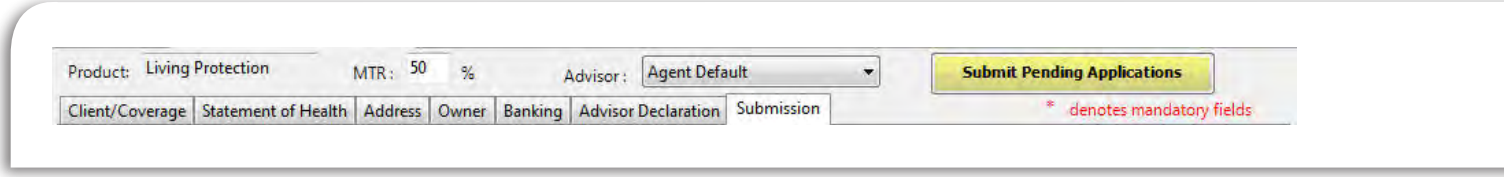
- Scan the signed *Simple Issue Application Authorization Form* and VOID cheque.
- Click the Submit Current Application button.
- Click the Attach Documents button.
- A browser will appear. Select each of the scanned documents to attach to your application. Click the Open button. By saving both documents in the same folder, you can upload multiple documents at once.
- Once complete, click the Submit button.

If you do not have your scanned documents ready, you can save your application and submit at a later time. Click on File, Save As and name the file. To retrieve your saved file, click on File, Open and file name. Click on Submission Tab and follow the instructions in step #3 above.



When your submission is successfully received, the following message will appear on screen "Application # was successfully received by Equitable Life." A confirmation email will also be sent to the email addresses in your Advisor Configuration.

If the submission is unsuccessful, you will be given the option to save your application in your Pending Application Queue to be submitted at a later time. If you have applications saved to the Pending Application Queue, the following message will appear each time you open Living Protection "You have applications in your Pending Application Queue that are ready to be submitted. Would you like to review them now?" If you click yes, for each pending application in the queue, you will be given the option to submit, delete, or leave in the queue.



SIMPLE ISSUE APPLICATION CHECKLIST

Use this checklist to save time and have your application processed quickly:

Meeting with your client

- ❑ Keep a supply of *Simple Issue Application Authorization Forms* (1344) and *Data collection worksheets* with you.
- ❑ Enter all of the required information directly into the electronic application. If you prefer to complete the application in your office after meeting with your client, you can use the *Data collection worksheet* to ensure you have all the information you need. If you choose to use the *Data collection worksheet*, you should have your client review, verify and sign it.
- ❑ Have your client complete and sign the *Simple Issue Application Authorization Form*.
- ❑ Get either a VOID cheque for monthly PAD or cheque for the first annual premium.
- ❑ If your client does not qualify for the selected product based on their answers to the Personal and Health questions, consider presenting a fully underwritten Equitable Life product.

Submitting the electronic application

- ❑ Ensure that your Advisor Configuration is up to date and includes your email address, advisor code, MGA code, MGA name and MGA email address.
- ❑ Ensure all the required information is entered into the electronic application.
- ❑ Write the application number that appears on the Submission Tab on the signed *Simple Issue Application Authorization Form* and the VOID cheque.
- ❑ Scan and save these documents on your computer. Submit the application and attach the scanned documents when prompted to do so.
- ❑ For annual payment, send the cheque as soon as possible through your regular channels. Remember to include the application number.

After the application is submitted

- ❑ If the application is submitted without the required attachments, use EZ Upload to scan and submit these documents as soon as possible. Remember to include the application number. If these documents are not received within 10 business days, the case will not be proceeded with.
- ❑ Deliver the policy contract to your client as soon as possible after issue.
- ❑ If you used the *Data collection worksheet*, please retain the signed and dated worksheet for your records.

COVERED CONDITIONS

Covered conditions	Contract definition	Background information
Heart Attack	is defined as "a definite diagnosis of the death of heart muscle due to obstruction of blood flow, that results in a rise and fall of biochemical cardiac markers to levels considered diagnostic of myocardial infarction, with at least one of the following: • heart attack symptoms • new electrocardiogram (ECG) changes consistent with a heart attack • development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty. The diagnosis of heart attack must be made by a Specialist. **Exclusion:** No benefit will be payable under this condition for: • elevated biochemical cardiac markers as a result of an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty, in the absence of new Q waves, or • ECG changes suggesting a prior myocardial infarction, which do not meet the heart attack definition as described above."	A heart attack (also known as myocardial infarction) results when the normal supply of blood to the heart is interrupted by a blocked artery or clot causing part of the heart muscle to die. The diagnosis of heart attack is generally confirmed by the detection of abnormal electrical activity over the surface of the heart which is seen on an electrocardiogram (ECG) and the detection of raised levels of cardiac biochemical markers released from the damaged heart muscle tissue. No benefit is paid should an ECG reveal changes suggesting a previous heart attack.
Stroke	(Cerebrovascular accident) is defined as "a definite diagnosis of an acute cerebrovascular event caused by intra-cranial thrombosis or haemorrhage, or embolism from an extra-cranial source, with: • acute onset of new neurological symptoms, and • new objective neurological deficits on clinical examination, persisting for more than 30 days following the date of diagnosis. These new symptoms and deficits must be corroborated by diagnostic imaging testing. The diagnosis of stroke must be made by a Specialist. **Exclusion:** No benefit will be payable under this condition for: • Transient ischaemic attacks; or, • Intracerebral vascular events due to trauma; or, • Lacunar infarcts which do not meet the definition of stroke as described above."	A stroke occurs when there is permanent damage to an area of the brain due to any of the following events: • There is bleeding into the brain (a hemorrhage) • An artery supplying the brain becomes blocked by a blood clot (a thrombosis), • A blood clot from another part of the body is carried to the brain and blocks an artery in the brain (an embolus) Neurological sequelae must last more than 30 days. Transient ischemic attacks (TIAs) are not covered.

Covered conditions	Contract definition	Background information
Cancer (life-threatening)	is defined as "a definite diagnosis of a tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. The diagnosis of cancer must be made by a Specialist. **Exclusion:** No benefit will be payable under this condition for the following non-life-threatening cancers: • Carcinoma in situ, or • Stage 1A malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion), or • Any non-melanoma skin cancer that has not metastasized, or • Stage A (T1a or T1b) prostate cancer. **Moratorium Period Exclusion** No benefit will be payable under this condition if: Within the first 90 days following the later of: • the effective date of the policy, or • the effective date of last reinstatement of the policy the insured person has any of the following: • signs, symptoms or investigations, that lead to a diagnosis of cancer (covered or excluded under the policy), regardless of when the diagnosis is made, • a diagnosis of cancer (covered or excluded under the policy). This medical information as described above must be reported to the Company within 6 months of the date of the diagnosis. If this information is not provided, the Company has the right to deny any claim for cancer or, any critical illness caused by any cancer or its treatment."	Cancer is a type of abnormal or malignant (cancerous) cell growth that spreads throughout the body destroying healthy tissue. Some cancers are not considered life threatening and are not covered under this benefit. However, if a cancer spreads to surrounding tissue or organs or progresses, the Living Protection benefit will be paid. No benefit is payable under the policy if cancer is diagnosed or if there are any signs, symptoms, tests or consultations within 90 days of the policy being issued or reinstated, that lead to the diagnosis of cancer. You can elect to have your policy continue without coverage for cancer or other covered conditions resulting from, or the treatment of, any cancer.
Coronary artery bypass surgery	is defined as "the undergoing of heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass graft(s), excluding any non-surgical or trans-catheter techniques such as balloon angioplasty or laser relief of an obstruction. The surgery must be determined to be medically necessary by a specialist."	Coronary artery bypass surgery is open heart surgery to correct the narrowing or blockage of one or more coronary arteries. Only coronary artery bypass surgery is covered. No other procedures to improve blood flow to the heart are covered.

OTHER IMPORTANT DEFINITIONS

Covered critical condition outside of Canada

If the occurrence or diagnosis of or surgery for one of the covered critical conditions occurs outside of Canada, the applicable benefit will be payable only if all of the following conditions are satisfied:

- The complete medical records are made available and provided to Equitable Life
- The medical records provide evidence, satisfactory to Equitable Life that the same diagnosis would have been made or surgery performed if the illness had occurred in Canada
- Immediate treatment would have been indicated under Canadian standards, and
- The same treatment, involving the particular surgical procedure, would have been advised if treatment had taken place in Canada

The person insured must undergo an independent medical exam by a licensed Canadian physician appointed by Equitable Life, if we make such a request. In case of elective surgery, such an examination must occur before surgery takes place.

Diagnosis

Diagnosis of any covered condition (including the advice to undergo surgery for any condition requiring surgery) must be made by a licensed medical specialist unless otherwise specified under the Definitions of Covered Critical Conditions in the policy. The critical condition must meet all of the requirements as specified in the definition for that condition. The date of diagnosis will be the date the licensed specialist makes the diagnosis of the condition. The diagnosis must be supported by objective medical evidence.

Licensed medical specialist

Licensed specialist refers to a physician, surgeon or other medical practitioner who is duly licensed and practicing medicine in Canada, the United States or any other region as approved by Equitable Life and has been trained and certified in the specific area of medicine relevant to the covered critical illness for which a benefit is being claimed. If such a specialist is not available, the condition may be diagnosed by another qualified medical practitioner as approved by Equitable Life.

Note: The licensed medical specialist must not be related by blood or marriage or other partner to the owner or person insured. The physician or surgeon may not be the owner or the person insured.

Surgery

Surgery refers to the undergoing of surgery on the written advice of a licensed medical specialist and practicing medicine in Canada, the United States, or other region as approved by Equitable Life, and whose practice is restricted to the particular branch of medicine relating to the applicable surgery. Surgery must be performed by a licensed medical specialist.

SET UP AND ADMINISTRATION

The most common administration rules are explained below.

Beneficiary designation

If a beneficiary is not named on the *Simple Issue Application Authorization Form* (1344), the person insured will be named the beneficiary at the time the policy is issued.

Plan changes

The *Final Protection / Living Protection (FP/LP) Application for Change Form* (1318) has been created for simple issue products. Use this form to request the following types of changes:

- Decreases in coverage
- Decreases for plans with return of premiums on death (ROPD) or return of premiums at expiry (ROPE)
- Deletions
- Smoker status changes
- Change privilege

Increases in coverage

Increases in coverage are not allowed in Living Protection. If a policy owner wishes to obtain more coverage, they are required to purchase a new policy. It would be issued at attained age and current rates for the plan they select. A total maximum amount of $50,000 of insurance is available per life insured for all Living Protection policies.

Decreases in coverage with no riders

To decrease the benefit amount, the *FP/LP Application for Policy Change Form* (1318) is required. The new requested benefit amount must remain within plan minimums. A decrease is considered a partial surrender and as such a lapse of that portion of the coverage.

Decreases in coverage for plans with a return of premiums on death (ROPD) benefit

To decrease the benefit amount, the *FP/LP Application for Policy Change Form* (1318) is required. The new requested benefit amount must remain within plan minimums. There is no adjustment required to the accumulated premiums for the ROPD benefit when a partial surrender is completed. The amount is carried forward and all new premiums are added to the total to be returned on the death of the person insured.

Decreases in coverage for plans with a return of premiums at expiry (ROPE) benefit

To decrease the benefit amount, the *FP/LP Application for Policy Change Form* (1318) is required. The new requested benefit amount must remain within plan minimums. There is no adjustment required to the accumulated premiums for the ROPE benefit when a partial surrender is completed. The amount is carried forward and all new premiums are added to the total to be returned at the expiry of the policy.

Deletion of a rider

To delete return of premiums on death (ROPD) or return of premiums at expiry (ROPE), the *FP/LP Application for Policy Change Form* (1318) is required. The effective date of the change will be the monthiversary prior to receipt of the form.

Smoker status changes

Changes to a non-smoker classification are permitted on all policies issued with a smoker classification and are subject to underwriting.

- If a life insured was originally a smoker, they can request to have the status changed to non-smoker by submitting *FP/LP Application for Policy Change Form* (1318).
- The life insured must not have smoked any cigarettes or used any other tobacco or nicotine based products or smoking cessation aids, or smoked marijuana or hashish within the 12 months prior to the application for change.
- The rate used to determine the premium, would be based on the rate applicable to the original issue age.
- The premium would decrease effective the date of the change.

Change privilege

If your client owns a 10 year renewable to age 75 plan, the change privilege gives them the flexibility to change their policy to a Level to age 75 policy covering the same conditions as the original, provided this policy is currently available. No evidence of insurability is required for the change privilege as long as there is no increase in the sum insured. The same class of risk/smoking status will apply to the new plan.

The change privilege may be elected at any time up to and including the policy anniversary nearest the insured's attained age 60. Your client simply makes a written request using the *FP/LP Application for Policy Change Form* (1318), to Equitable Life's head office in Waterloo, Ontario at least 30 days prior to the policy anniversary nearest his or her 60th birthday.

Premiums will be based on the then current rates for the Level to age 75 plan at your client's attained age at the date of the change.

- If the 10 year renewable to age 75 plan included a return of premiums at expiry rider (ROPE) and/or return of premiums on death (ROPD), at the effective date of the change, any accumulated premiums from the converted policy will be carried forward to the new plan provided these riders are available on the new plan and your client has elected to include them.
- If a return of premiums at expiry rider (ROPE) or a return of premiums on death rider (ROPD) did not exist on the original plan, it cannot be added after issue.

Policy lapse

Living Protection provides a thirty-one day grace period for payment of renewal premiums. During this period, the Living Protection policy remains in force. At the end of the 31 days following an unpaid premium, the policy will lapse and all liability of Equitable Life will cease. If the person insured is diagnosed with a covered condition during the grace period and survives the applicable survival period, the Living Protection benefit, once approved, becomes payable, less the premiums past due. If the person insured dies during the grace period, the return of premium on death benefit (if added at the time the policy was issued) becomes payable, less the premiums past due.

Reinstatement

A Living Protection policy may be reinstated within two years following lapse of the policy. The requirements of reinstatement are:

- submission of the *Evidence of Insurability Form* (370) (according to the then current underwriting guidelines) that is satisfactory to Equitable Life,
- payment of all premiums, with interest, from the date of lapse of the policy.

The effective date of the reinstatement is the date all of these requirements for reinstatement are met.

Termination

A policy owner may request to have the Living Protection policy cancelled at any time by providing written notice to us. Once we receive the written notice, the premiums for the Living Protection policy will no longer be charged and all benefits associated with the plan will end. No return of premiums at expiry (ROPE) will be paid prior to expiry. The effective date of the termination will be the last monthiversary prior to the request.

Welcome Letter

When your client's policy has been approved, they will receive a welcome letter congratulating them on their purchase and inviting them to register for Equitable Client Access. The advisor copy of the welcome letter can be found on EquiNet/Online Tools & Information/Correspondence. You must log in to view all Correspondence.

Equitable Client Access

EQUITABLE CLIENT ACCESS®

Equitable Client Access gives you and your client online access to their coverage information, including: Total benefit payable and designated beneficiaries, and policy premium information including amount, payment method and next payment due date. Your client can register for this at equitable.ca. You can view your client's details on EquiNet/Individual Inquiry.

Questions?

Equitable Life is committed to providing you with the service you need to support your business. If you have questions or require additional information, please contact your Equitable Regional Life Sales Manager.

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.

But we're not your typical financial services company. We have the knowledge, experience and ability to find solutions that work for you and your clients. We're friendly, caring and interested in helping. And we're owned by our participating policyholders, not shareholders. So we can focus on your interests and provide you with personalized service, security and wellbeing.

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

living protection

Equitable Life of Canada®

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Waterloo, Ontario N2J 4C7
Visit our website: www.equitable.ca

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1487(2014/11/17)