

Reference Guide

Eligibility Questionnaire - Simplified Issue

Legend
Types of Issues



Guaranteed
\$5,000 to \$25,000



Instant
\$25,001 to \$50,000



Express
\$50,001 to \$150,000



Qualification questions

1. In the last twelve (12) months, have you used cigarettes, electronic cigarettes (with or without nicotine), cigarillos, little cigars, pipe, chewing tobacco, shisha, betel nuts, nicotine patches, smoking cessation products or any other form of tobacco?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In the last three (3) years, have you been convicted of a criminal or other offence, or have you been accused of any criminal or other charges?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Are you currently hospitalized or living in a nursing home for people losing their independent existence or are you in a wheelchair or do you need help or assistance doing two or several activities of daily living: bathing, dressing, toileting, bladder and bowel continence, transferring, feeding?		<input type="checkbox"/>	<input type="checkbox"/>
2. In the last sixty (60) days:			
a) Have you been hospitalized?		<input type="checkbox"/>	<input type="checkbox"/>
b) Did a physician inform you about abnormal diagnostic test results?		<input type="checkbox"/>	<input type="checkbox"/>
c) Did a physician advise you to undergo a diagnostic test, a special test, or any surgery?		<input type="checkbox"/>	<input type="checkbox"/>
d) Did a physician advise you to consult another physician, a specialist, or to undergo a medical investigation that has not yet been done?		<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever received care, consulted or been diagnosed with acquired immunodeficiency syndrome (AIDS), an AIDS-related disease or any other immune system disorder or undergone an examination indicating the presence of the human immunodeficiency virus (HIV) or antibodies to HIV?		<input type="checkbox"/>	<input type="checkbox"/>
4. In the last ten (10) years, have you received care, been treated, consulted, been diagnosed, or had symptoms related to the following disorders:			
a) Metastatic cancer, two (2) different types of cancer or cancer recurrence (excluding basal cell carcinoma)		<input type="checkbox"/>	<input type="checkbox"/>
b) Cystic fibrosis or chronic respiratory disorder that requires daily oxygen (excluding sleep apnea)		<input type="checkbox"/>	<input type="checkbox"/>
c) Dementia, Alzheimer's disease, muscular dystrophy, Huntington's chorea, Amyotrophic Lateral Sclerosis (ALS), Parkinson's disease		<input type="checkbox"/>	<input type="checkbox"/>
d) Chronic heart failure or cardiomyopathy		<input type="checkbox"/>	<input type="checkbox"/>
e) Have you been on a waiting list for an organ or bone marrow transplant or have you received an organ or bone marrow transplant (excluding corneal transplant)?		<input type="checkbox"/>	<input type="checkbox"/>
5. Before the age of 40, have you received care, been treated, consulted, been diagnosed, or had symptoms related to the following disorders:			
a) Chronic kidney disease		<input type="checkbox"/>	<input type="checkbox"/>
b) Stroke (CVA), transient ischemic attack (TIA), aneurysm, coronary heart disease		<input type="checkbox"/>	<input type="checkbox"/>
c) Coronary artery bypass surgery, angioplasty, insertion of a stent or pacemaker		<input type="checkbox"/>	<input type="checkbox"/>
d) Angina pectoris, heart attack (myocardial infarction)		<input type="checkbox"/>	<input type="checkbox"/>
6. In the last twenty-four (24) months:			
a) Have you used barbiturates, narcotics or opioids not prescribed by a physician, heroin, cocaine, amphetamines, hallucinogens, steroids, or other similar drugs or narcotics?		<input type="checkbox"/>	<input type="checkbox"/>
b) Did a physician advise you to reduce your drug and/or alcohol consumption?		<input type="checkbox"/>	<input type="checkbox"/>
c) Have you stayed in a residence for the treatment of drug and/or alcohol abuse or have you been convicted of impaired driving?		<input type="checkbox"/>	<input type="checkbox"/>

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1. In the last three (3) years, have you received care, been treated, consulted, been diagnosed, or had symptoms related to the following disorders:			
a)	Angina pectoris, heart attack (myocardial infarction)		•
b)	Stroke (CVA), more than one episode of transient ischemic attack (TIA), aneurysm, coronary heart disease		•
c)	Coronary artery bypass surgery, angioplasty, insertion of a stent or pacemaker		•
2. In the last five (5) years, have you received care, been treated, consulted, been diagnosed, or had symptoms related to the following disorders:			
a)	Chronic kidney disease, polycystic kidney disease		•
b)	Chronic liver disease (including cirrhosis, fibrosis, hepatitis C)		•
c)	Peripheral arterial disease or peripheral vascular disease (circulatory problems in legs and/or feet)		•
3. In the last five (5) years, have you received care, been treated, consulted, been diagnosed, or had symptoms related to the following disorders:			
a)	Leukemia, lymphoma of all types, breast, ovarian, cervical, lung, colorectal cancer, malignant melanoma		•
4. Are you suffering from diagnosed diabetes that requires insulin?		If yes, question a) and b)	
a)	Have you been diagnosed over twenty (20) years ago?		•
b)	In the last six (6) months, has your medication been adjusted as recommended by a physician (prescription drug added or replaced, increased or decreased prescribed dosage)?		•
5. In the last twelve (12) months, have you received care, consulted, been diagnosed, or had symptoms related to a bipolar disorder, schizophrenia or psychosis?			•
6. In the last twelve (12) months, have you lost 10% or more of your weight without being intentionally on a diet or after pregnancy?			•
7. In the next twelve (12) months, are you planning on travelling outside North America, the Caribbean (excluding Haiti), the United Kingdom or the European Union for more than twelve (12) weeks?			•

This questionnaire does not replace in any case the declaration required in the electronic application and can in no way be used in an insurance application. Please use the electronic application to determine client eligibility.

For any questions, do not hesitate to contact us by email at ind.advisor@uvinsurance.ca or by phone at 1 800 567-0988, ext. 2064.