

Reference Guide

Eligibility Questionnaire | Simplified Issue

Credit Insurance Rider and Waiver of Premiums (WPD and WPDD)

Legend
Types of Issue



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

Eligibility Questions



1. Are you currently working full time (at least 20 hours/week and 9 months/year)?	●
2. Are you practising an ineligible occupation? (Please refer to the list available here.)	●
3. Have you ever received care, consulted, been diagnosed, or had symptoms related to the following disorders: Angina pectoris, heart attack (myocardial infarction), stroke (CVA), transient ischemic attack (TIA), aneurysm, coronary heart disease, coronary artery bypass surgery, angioplasty, insertion of a stent or pacemaker?	●
4. Have you ever received care, consulted, been diagnosed, or had symptoms for any type of cancer (excluding basal cell carcinoma)?	●
5. In the last five (5) years, have you received care, consulted, been diagnosed, or had symptoms related to the following disorders:	
a) Anxiety, depression, adjustment disorder, chronic fatigue, distress, attention deficit disorder with or without hyperactivity, post-traumatic stress disorder, burnout, panic disorder, eating disorder (anorexia, bulimia)	●
b) Schizophrenia, psychosis, suicidal ideation or attempted suicide or any other nervous or psychiatric disorder	●
c) Back disorders	If yes, transferred to underwriting
d) Musculoskeletal disorders	If yes, transferred to underwriting
e) Type 1 or type 2 diabetes, ulcerative colitis, Crohn's disease, multiple sclerosis, chronic obstructive pulmonary disease (COPD), epilepsy, paralysis	●
f) Coagulation disorder and/or anticoagulant medication	●
6. Have you ever made a claim or received a pension, income replacement benefit, compensation following injury, sickness or a handicap?	If yes, transferred to underwriting
7. In the last six (6) months:	
a) Has one or more prescription drugs been modified (addition or replacement, increase or decrease in dosage)?	If yes, transferred to underwriting
b) Have you stopped taking one or more prescription drugs without being advised to do so by your physician?	●
c) Have you consulted or been hospitalized at a health-care facility?	●

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.

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