

## Reference Guide

Eligibility Questionnaire Simplified Issue | Children from 15 days to age 16

### Adaptable

### Juvenile 30/100

**Legend**  
Types of Issue



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



**Express**  
Insurance Amount: \$100,000

## Eligibility Questions



<b>1. Is the child to be insured attending an educational institution?</b>	
a) What school system is the child to be insured in?	
b) What school level is the child to be insured in?	
<b>2. In the last six (6) months:</b>	
a) Has the child to be insured been hospitalized?	●
b) Did a physician mention abnormal results following a diagnostic test on the child to be insured?	●
c) Did a physician advise the child to be insured to undergo a diagnostic test, a special test, or any surgery?	●
d) Did a physician advise the child to be insured to consult another physician, a specialist, or to undergo a medical investigation that has not yet been done?	●
<b>3. Has the child to be insured ever received care, consulted, been diagnosed, or had symptoms related to the following disorders:</b>	
a) Any type of cancer including leukemia, lymphoma, malignant tumour	●
b) Cystic fibrosis, cerebral palsy, muscular dystrophy, intellectual disability, autism, Asperger's syndrome, pervasive developmental disorder (PDD), trisomy 21	●
c) Congenital cardiopathy, congenital heart defect	●
d) Epilepsy, diabetes, juvenile arthritis	●
e) High cholesterol or familial hypercholesterolemia	●
f) Is the child to be insured on a waiting list for an organ and/or bone marrow transplant or has the child to be insured received an organ and/or bone marrow transplant (excluding corneal transplant)?	●
<b>4. Has the child to be insured 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?</b>	
	●
<b>5. Has an immediate family member (father, mother, sister or brother) of the child to be insured suffered or been suffering from the following disorders:</b>	
a) Cerebrovascular or cardiovascular disease diagnosed before the age of 40	●
b) Polycystic kidney disease	●
c) Multiple sclerosis diagnosed before the age of 50	●
<b>6. In the last twelve (12) months, has the child to be insured lost 10% or more of his or her weight without being intentionally on a diet?</b>	
	●
<b>7. In the next twelve (12) months, is the child to be insured planning on travelling outside North America, the Caribbean (excluding Haiti), the United Kingdom or the European Union for more than twelve (12) weeks?</b>	
	●
<b>8. Based on his or her height, is the child to be insured's weight outside the corresponding range indicated in the table below? For children from 0 to 12 months, there are no height and weight restrictions. (See next page for the table.)</b>	
	●

Height		Weight	
Inches (in)	Centimetres (cm)	Pounds (lb)	Kilograms (kg)
28 - 31	71 - 80	13 - 30	6 - 14
32 - 35	81 - 90	17 - 39	8 - 18
36 - 39	91 - 101	22 - 48	10 - 22
40 - 43	102 - 111	28 - 59	13 - 27
44 - 47	112 - 121	35 - 70	16 - 32
48 - 49	122 - 126	42 - 119	19 - 54
50 - 51	127 - 131	46 - 125	21 - 57
52 - 53	132 - 136	50 - 136	23 - 62
54 - 55	137 - 141	55 - 139	25 - 63
56 - 57	142 - 146	61 - 145	28 - 66
58 - 59	147 - 151	66 - 152	30 - 69
60 - 61	152 - 156	70 - 161	32 - 73
62 - 63	157 - 162	79 - 167	36 - 76
64 - 65	163 - 167	90 - 178	41 - 81
66 - 67	168 - 172	97 - 189	44 - 86
68 - 69	173 - 177	103 - 198	47 - 90
70 - 71	178 - 182	110 - 211	50 - 96
72 - 73	183 - 187	116 - 220	53 - 100
74 - 75	188 - 192	123 - 231	56 - 104
76 and +	193 and +	132 - 242	60 - 110

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](mailto:ind.advisor@uvinsurance.ca) or by phone at 1 800 567-0988, ext. 2064.**