

Eligibility Questionnaire 1 – Simplified Issue | Term and Permanent Life Insurance

Important: Fill out in block letters and answer each section as accurately as possible.

Section 1 – Information on the proposed insured

1. Application N° _____
2. First name _____ Last name _____
3. Date of birth

Y	Y	Y	Y	M	M	D	D
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Section 2 – Guaranteed Issue

- | | Yes | No |
|---|--------------------------|--------------------------|
| 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"/> |
| 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"/> |

Available products: **Adaptable | Integral**

No
If you answered NO to question 2 – Section 2, you are eligible for permanent life insurance up to \$25,000 in **Guaranteed Issue**.

If you submit your request immediately, please proceed to **Section 6 – Signatures**.

You can submit your request OR proceed to **Section 3 – Instant Issue** and obtain an amount up to \$50,000.

Section 3 – Instant Issue

- | | Yes | No |
|--|--------------------------|--------------------------|
| 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 (2) 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 (excluding hospitalisation due to pregnancy)? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Has a healthcare professional informed you about abnormal test results? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Has a healthcare professional advised you to undergo a diagnostic test, a special test, or any surgery? | <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 consulted, received care, been treated, been diagnosed, had symptoms or are you currently being treated for the following disorders: | | |
| a) Metastatic cancer and/or affected lymph node, 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"/> |

Available products

**Adaptable
Integral**

No
If you answered NO to ALL questions from this section, you are eligible for permanent life insurance up to \$50,000 in **Instant Issue**.

You can submit your request OR proceed to **Section 4 – Express Issue** and obtain an amount up to \$150,000.

If you submit your request immediately, please proceed to **Section 6 – Signatures**.

Yes
If you answered YES to any of these questions, you are eligible for **Guaranteed Issue** for a maximum amount of \$25,000.

Section 3 – Instant Issue (continued)

	Yes	No
5. Before the age of 40, have you consulted, received care, been treated, been diagnosed, had symptoms, or are you currently being treated for 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) Has a healthcare professional advised you to undergo a diagnostic test, a special test, or any surgery that has not yet been done?	<input type="checkbox"/>	<input type="checkbox"/>
b) Has a healthcare professional advised you to consult another healthcare professional, a specialist, or to undergo a medical investigation that has not yet been done?	<input type="checkbox"/>	<input type="checkbox"/>
c) Have you used barbiturates, narcotics or opioids not prescribed by a healthcare professional, heroin, cocaine, amphetamines, hallucinogens, steroids, or other similar drugs or narcotics?	<input type="checkbox"/>	<input type="checkbox"/>
d) Has a healthcare professional advised you to reduce your drug and/or alcohol consumption?	<input type="checkbox"/>	<input type="checkbox"/>
e) 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"/>

Section 4 – Express Issue

	Yes	Non
1. In the last three (3) years, have you consulted, received care, been treated, been diagnosed, had symptoms or are you currently being treated for the following disorders:		
a) Angina pectoris, heart attack (myocardial infarction)?	<input type="checkbox"/>	<input type="checkbox"/>
b) Stroke (CVA), more than one episode of 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"/>
2. In the last five (5) years, have you consulted, received care, been treated, been diagnosed, had symptoms or are you currently being treated for the following disorders:		
a) Chronic kidney disease, polycystic kidney disease?	<input type="checkbox"/>	<input type="checkbox"/>
b) Chronic liver disease (including but not limited to cirrhosis, fibrosis hepatitis B and C)?	<input type="checkbox"/>	<input type="checkbox"/>
c) Peripheral arterial disease or peripheral vascular disease (circulatory problems in legs and/or feet)?	<input type="checkbox"/>	<input type="checkbox"/>
3. In the last five (5) years, have you consulted, received care, been treated, been diagnosed, had symptoms or are you currently being treated for the following disorders:		
a) Leukemia, lymphoma of all types, breast, ovarian, cervical, lung, colorectal cancer, malignant melanoma?	<input type="checkbox"/>	<input type="checkbox"/>
4. a) Are you suffering from diabetes diagnosed over twenty (20) years ago that requires insulin?	<input type="checkbox"/>	<input type="checkbox"/>
b) If you are suffering from diabetes that requires insulin, has your medication been adjusted in the last six (6) months by a healthcare professional (prescription drug added or replaced, increased or decreased prescribed dosage)?	<input type="checkbox"/>	<input type="checkbox"/>

Available products Term Superior+ (T-10, T-20 or T-30) Adaptable Integral

No

If you answered NO to ALL questions from this section, you are eligible for term OR permanent life insurance up to \$150,000 in **Express Issue**.

You can submit your request OR proceed to **Section 5 – Immediate Underwriting** and obtain an amount up to \$499,999 in term life insurance.

In permanent life insurance, for amounts over \$150,000, please refer to the underwriting requirements table.

If you submit your request immediately, please proceed to **Section 6 – Signatures**.

Yes

If you answered YES to any of these questions, you are eligible for an **Instant Issue** for a maximum amount of \$50,000.

Section 4 – Express Issue (continued)

Yes No

5. In the last twenty-four (24) months, have you consulted, received care, been treated, been diagnosed, had symptoms, or are you currently being treated for 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?

Section 5 – Immediate Underwriting

1. In the last five (5) years, have you consulted, received care, been treated, been diagnosed, had symptoms or are you currently being treated for the following disorders:

a)

	Angina pectoris		Heart attack (myocardial infarction)	
	Yes	No	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, answer the questions:				
When was the last episode?	<input type="checkbox"/> 0 - 3 years		<input type="checkbox"/> 0 - 3 years	
	<input type="checkbox"/> 4 - 5 years		<input type="checkbox"/> 4 - 5 years	
	Yes	No	Yes	No
Did you have more than one episode?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently suffering from diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b)

	Stroke (CVA)		Transient ischemic attack (TIA)		Aneurysm		Coronary heart disease	
	Yes	No	Yes	No	Yes	No	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, answer the questions:								
When was the last episode?	<input type="checkbox"/> 0 - 3 years		<input type="checkbox"/> 0 - 3 years		<input type="checkbox"/> 0 - 3 years		<input type="checkbox"/> 0 - 3 years	
	<input type="checkbox"/> 4 - 5 years		<input type="checkbox"/> 4 - 5 years		<input type="checkbox"/> 4 - 5 years		<input type="checkbox"/> 4 - 5 years	
	Yes	No	Yes	No	Yes	No	Yes	No
Did you have more than one episode?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently suffering from diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Available products

Term Superior+

(T-10, T-20 or T-30)

Maximums in Immediate Underwriting

Age 18 to 45 | **\$499,999**

Age 46 to 55 | **\$350,000**

Age 56 to 65 | **\$250,000**

No

If you answered NO to ALL questions from this section, you are eligible for term life insurance in **Immediate Underwriting**. You can submit your application.

Yes

If you answered YES to one or more questions, 3 options are available for you.

- 1) You will be accepted
- 2) Adjusted Premium will be offered to you
- 3) You will be declined but you may be accepted for **Express Issue** for a maximum amount of \$150,000.

We suggest you submit your application. However, to obtain an immediate decision, you should complete an electronic application available on **MY UNIVERSE**.



Section 5 – Immediate Underwriting (continued)

c)	Coronary artery bypass surgery		Angioplasty		Insertion of a stent	
	Yes	No	Yes	No	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, answer the questions:						
When was the last surgical intervention?	<input type="checkbox"/> 0 - 3 years		<input type="checkbox"/> 0 - 3 years		<input type="checkbox"/> 0 - 3 years	
	<input type="checkbox"/> 4 - 5 years		<input type="checkbox"/> 4 - 5 years		<input type="checkbox"/> 4 - 5 years	
How many vessels have been affected?	<input type="checkbox"/> 1		<input type="checkbox"/> 1		<input type="checkbox"/> 1	
	<input type="checkbox"/> 2		<input type="checkbox"/> 2		<input type="checkbox"/> 2	
	<input type="checkbox"/> 3 or more		<input type="checkbox"/> 3 or more		<input type="checkbox"/> 3 or more	
Have you received a pacemaker due to coronary artery bypass surgery, angioplasty, stent insertion (STENT), or coronary artery disease?	Yes	No	Yes	No	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently suffering from diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

d)	Pacemaker	
	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
If yes, answer the questions:		
When was the last surgical intervention?	<input type="checkbox"/> 0 - 3 years	
	<input type="checkbox"/> 4 - 5 years	
Have you received a pacemaker due to coronary artery bypass surgery, angioplasty, stent insertion (STENT), or coronary artery disease?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>


Yes	No
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2. In the last five (5) years, have you consulted, received care, been treated, been diagnosed, had symptoms or are you currently being treated for any type of cancer (excluding basal cell carcinoma)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, answer the questions a) and b)		
a) Was it Thyroid cancer?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, answer the questions:		
▶ Have you received chemotherapy or radiotherapy treatments?	<input type="checkbox"/>	<input type="checkbox"/>
▶ Have you had metastases and/or affected lymph nodes?	<input type="checkbox"/>	<input type="checkbox"/>
b) Was it Prostatic cancer?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, answer the questions:		
▶ Has the Prostate Specific Antigen (PSA) returned to normal values?	<input type="checkbox"/>	<input type="checkbox"/>
▶ Have you received chemotherapy or radiotherapy treatments?	<input type="checkbox"/>	<input type="checkbox"/>
▶ Have you had metastases and/or affected lymph nodes?	<input type="checkbox"/>	<input type="checkbox"/>

Section 5 – Immediate Underwriting (continued)

- | | Yes | No |
|---|--------------------------|--------------------------|
| 3. If you are 30 years old or younger, have you been diagnosed with diabetes (excluding gestational diabetes) or has a healthcare professional recommended regular blood glucose monitoring? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have diabetes associated with any of the following: coronary artery disease (including but not limited to angina, heart attack (myocardial infarction), coronary artery bypass surgery, angioplasty, stent insertion, peripheral vascular disease, amputation, neuropathy, retinopathy, stroke (CVA) or transient ischemic attack (TIA)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. In the last three (3) years, have you had an amputation as a result of an illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. In the last six (6) months: | | |
| a) Has any medication, whatsoever, been changed on the advice of a healthcare professional (addition or replacement of medication, increase or decrease in prescribed dosage) or have you stopped taking any medication without the advice of a healthcare professional? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Have you been on anticoagulant therapy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have a family history of any of the following conditions: | | |
| a) Polycystic Kidney Disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, answer the question: | | |
| ▶ Have you undergone an investigation for this disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, answer the question: | | |
| ▶ Have you been diagnosed with polycystic kidney disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Huntington's disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. In the last twenty-four (24) months, has your driver's licence been suspended, revoked, or in the last twelve (12) months, have you committed more than three (3) traffic violations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. During the last five (5) years: | | |
| a) Have you used any barbiturates, narcotics or opioids not prescribed by a healthcare professional, heroin, cocaine, amphetamines, hallucinogens, steroids, or other similar drugs or narcotics? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Have you stayed in a residence for the treatment of drug and/or alcohol abuse or been advised by a healthcare professional to reduce your consumption of drugs and/or alcohol, including cannabis? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Have you been convicted of a criminal offence or other offences, or have you been accused of any criminal or other charges? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Please indicate your height and weight (in./cm and lb/kg) | | |

Height _____ in. cm Weight _____ lb kg

 This questionnaire must be dated on the day it was completed and be received at the UV Insurance head office within **14 days following the date of signature.**

Section 6 – Signatures

I certify that answers contained in this questionnaire are complete and true and they are an integral part of the insurance application with UV Insurance and cannot be separated.

Signed in _____ | Y | Y | Y | Y | M | M | D | D |

X _____ Signature of proposed insured	X _____ Signature of owner 1 (if legal entity, authorized signatory)
X _____ Signature of owner 2 (if legal entity, authorized signatory)	X _____ Signature of advisor