UV INSURANCE

IMPORTANT | Instructions

Eligibility Questionnaire
Simplified Issue

Express

Complete this questionnaire for any **term or permanent life insurance** application that meets the following conditions:

- The amount of insurance requested is $150,000 or less.

The insured is:

- Ages 16 to 75 | Whole Life High Value and Adaptable
- Ages 18 to 65 | Whole Life
- Ages 18 to 65 | T-10 and T-20
- Ages 18 to 60 | T-25
- Ages 18 to 55 | T-30

If you answered **NO** to **ALL** questions, you are eligible to Express for $150,000 or less (except for question 1 on smoking and question 9 on diabetes where both sub-questions must be answered **NO** if the main question was answered **YES**).

If you answered **YES** to any other question, you are **NOT** eligible for the Express.

Basic coverage and a term rider can be applied for with the Express questionnaire provided the total amount of insurance is $150,000 or less.

Term and permanent life insurance

If your request does not meet the above criteria please refer to the other two simplified issue questionnaires:

Express Questionnaire for children ▸
15 days to age 15 | $10,000 to $150,000

Immediate Questionnaire ▸
Ages 18 to 45 | $150,001 to $499,999
Ages 46 to 55 | $150,001 to $350,000
Ages 56 to 65 | $150,001 to $250,000

For all other insurance amounts, please refer to the regular underwriting requirements: **Underwriting requirements**

EN-1052A (2023-03)

UV INSURANCE

INDIVIDUAL INSURANCE

Eligibility Questionnaire
Simplified Issue | Express

EQC091

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

Section A — Information on the proposed insured

1. Application N^{0} _____
2. First name _____ Last name _____
3. Date of birth Y Y Y Y M M D D

Section B — Life Insurance — Express

		Yes	No
1.	In the last twelve (12) months, have you used cigarettes, cigarillos, electronic cigarettes (with or without nicotine), little cigars, pipes, chewing tobacco, shisha, betel nut, nicotine patches, smoking cessation products or tobacco in any other form?	☐	☐
2.	Are you currently hospitalized or residing in a nursing home or center for persons with loss of autonomy, or do you use a wheelchair or need help or assistance with two or more of the following activities of daily living: bathing, dressing, toileting, continence, mobility, feeding?	☐	☐
3.	Have you ever been treated for, consulted, or diagnosed with Acquired Immunodeficiency Syndrome (AIDS), an AIDS-related condition, or had an investigation indicating the presence of the human immunodeficiency virus (HIV) or HIV antibodies?	☐	☐
4.	During the last sixty (60) days:		
a)	Have you been hospitalized (excluding pregnancy-related hospitalizations) or had surgery?	☐	☐
b)	Have you been informed of any abnormal test results?	☐	☐
c)	Have you been advised by a health care professional to have any kind of test, medical investigation or surgery?	☐	☐
5.	Do you have any symptoms or have you received any abnormal results for which:		
a)	You have not yet consulted a health care professional?	☐	☐
b)	You are currently under investigation or awaiting a diagnosis?	☐	☐
c)	You have been advised by a health care professional to have any tests and/or surgery that has not yet been done?	☐	☐
d)	A doctor or medical specialist has recommended that you have more frequent medical follow-ups than usual?	☐	☐
6.	In the last ten (10) years, have you consulted, received care, been treated, been diagnosed, had symptoms, or are currently being treated for the following conditions:		
a)	A cancer with metastasis and/or involved lymph node(s), two (2) different types of cancer or a recurrence of a cancer (excluding basal cell carcinoma)?	☐	☐
b)	Cystic fibrosis or a chronic respiratory disease that requires daily oxygen administration (excluding sleep apnea), chronic kidney disease or polycystic kidney disease?	☐	☐
c)	Dementia, Alzheimer's disease, muscular dystrophy, Huntington's disease, amyotrophic lateral sclerosis (ALS) or Parkinson's disease?	☐	☐
d)	Chronic heart failure, cardiomyopathy or heart valve replacement?	☐	☐
e)	Have you been on a waiting list for organ or bone marrow donation or have you received an organ or bone marrow donation (excluding corneal transplants)?	☐	☐

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		Yes	No
7.	**Before the age of 40 or in the last three (3) years if you are 40 or older, have you consulted, received care, been treated, diagnosed or had symptoms for the following conditions:**		
	a) A cerebrovascular accident (CVA), transient ischemic attack (TIA), aneurysm or coronary artery disease?	☐	☐
	b) Coronary artery bypass surgery, angioplasty, stent insertion, a pacemaker or chronic kidney disease?	☐	☐
	c) Angina or heart attack (myocardial infarction)?	☐	☐
8.	**In the last five (5) years, have you consulted, received care, been treated, been diagnosed, had symptoms or are currently being treated for the following disorders:**		
	a) Chronic liver disease (including but not limited to cirrhosis, fibrosis, hepatitis B or C)?	☐	☐
	b) Peripheral arterial disease or peripheral vascular disease?	☐	☐
	c) Leukemia, lymphoma of any type, malignant melanoma, breast, ovarian, cervix, lung or colorectal cancer?	☐	☐
9.	**Do you have diabetes that requires insulin?**	☐	☐
	If yes, answer the questions **a) and b)**		
	a) Were you diagnosed with any type of diabetes more than 20 years ago?	☐	☐
	b) In the last six (6) months, has your diabetes-related medication been adjusted or changed (adding or replacing a medication, increasing or decreasing the prescribed dosage)?	☐	☐
10.	**In the last twenty-four (24) months, have you consulted, received care, been treated, been diagnosed, had symptoms or are you currently undergoing treatment for bipolar disorder, schizophrenia, psychosis, borderline personality disorder, or have you attempted suicide?**	☐	☐
11.	**In the last twelve (12) months, excluding an intentional diet, a change in lifestyle, a bariatric surgery or a pregnancy, has your weight decreased by 10% or more?**	☐	☐
12.	**In the last six (6) months, did you have a bariatric surgery?**	☐	☐
13.	**In the next twelve (12) months, do you plan to travel outside of North America, the Caribbean (excluding Haiti), the United Kingdom or the European Union for a total of more than twelve (12) weeks?**	☐	☐
14.	**In the last three (3) years, have you been convicted of a criminal offence or a criminal act (including impaired driving), or have charges of a criminal offence or criminal act (including impaired driving) been laid against you?**	☐	☐
15.	**In the last twenty-four (24) months:**		
	a) Have you used barbiturates, narcotics or opioids that are not prescribed by a health care professional, heroin, cocaine, amphetamines, hallucinogens, steroids, or other illegal drugs or similar narcotics?	☐	☐
	b) Have you been advised by a health care professional to reduce your use of any drugs (including cannabis) and/or alcohol?	☐	☐
	c) Have you stayed in a residence for the treatment of drug and/or alcohol abuse?	☐	☐

If you are applying for life insurance only and meet all the criteria listed on page 1, you may submit a PDF or paper application found in the Advisor Centre on uvinsurance.ca with this completed questionnaire including **Section D - Signatures.**

If you are also applying for a Credit Insurance Rider, please continue to the next questionnaire.

Complete this questionnaire only if you are requesting a Credit Insurance Rider (disability) :

If you answered **NO** to **ALL** questions, you are eligible for the Express Credit Insurance Rider

If you answered **YES** to any of the following questions and depending on the answers to the sub-questions, the Credit Insurance Rider may be transferred to underwriting and we may ask you for additional details: **6-A, 6-B and 7-A (for a decreased dosage)**. Two decisions will then be possible: declined or exclusion, after a short analysis. To find out if a question answered **YES** will be transferred to underwriting, please use the questionnaire in the electronic application My Universe.

If you answered **YES** to any other question, you are **NOT** eligible for the Express Credit Insurance Rider.

Section C — Credit Insurance Rider

		Yes	No
1.	Are you currently working less then 20 hours/week and 9 months/year? (to be eligible, you must be working full time for at least 20 hours/week and 9 months/year)?	☐	☐
2.	Are you practising an ineligible occupation? **List of ineligible occupations**	☐	☐
3.	Have you ever consulted, received care, been diagnosed, had symptoms or are you currently being treated for 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 consulted, received care, been treated, been diagnosed, had symptoms or are you currently being treated for any type of cancer (excluding basal cell carcinoma)?	☐	☐
5.	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) 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		
	▸ Back disorders (cervical, dorsal, lumbar and lumbosacral spine)	☐	☐
	▸ Degenerative disc disease	☐	☐
	▸ Sprain	☐	☐
	▸ Herniated disc	☐	☐
	▸ Whiplash	☐	☐
	▸ Vertebral fracture	☐	☐
	▸ Vertebral misalignment	☐	☐
	▸ Other back disorders Precise _____	☐	☐
	d) Musculoskeletal disorders		
	▸ Muscle disorders	☐	☐
	▸ Bone disorders	☐	☐
	▸ Joint disorders	☐	☐
	▸ Fracture	☐	☐
	▸ Ligament	☐	☐
	▸ Rheumatism	☐	☐

	Yes	No
▸ Arthritis	☐	☐
▸ Osteo-arthritis	☐	☐
▸ Gout	☐	☐
▸ Osteoporosis	☐	☐
▸ Fibromyalgia	☐	☐
▸ Chronic pain syndrome	☐	☐
▸ Amputation	☐	☐
▸ Myasthenia gravis	☐	☐
▸ Post-polio syndrome	☐	☐
▸ Other musculoskeletal disorders Precise _____	☐	☐
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, answer the questions **a)** and **b)**		
a) When did this occur? ☐ 0 - 12 months ☐ 13 - 24 months ☐ 25 - 36 months ☐ More than de 36 months		
b) Duration of disability? ☐ 0 - 30 days ☐ 31 - 90 days ☐ 91 - 120 days ☐ More than 120 days		
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, answer the question:		
▸ Please indicate the change(s): ☐ Addition ☐ Replacement ☐ Increase in dosage ☐ Decrease in dosage		
If decrease in dosage, answer these questions :		
▸ Was the decrease in dosage recommended by a healthcare professional due to poor control of the medical condition or side effects?	☐	☐
▸ Was the decrease in dosage recommended by a healthcare professional due to excellent control of the medical condition?	☐	☐
b) Have you stopped taking one or more prescription drugs without being advised to do so by a healthcare professional?	☐	☐
c) Have you consulted or been hospitalized at a health-care facility?	☐	☐

Section D – Signatures

Print

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

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.**

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