



The maximum limits for the Immediate are as follows:  
\$150,001 to \$499,999 | Ages 18 – 45  
\$150,001 to \$350,000 | Ages 46 – 55  
\$150,001 to \$250,000 | Ages 56 – 65

Dear Partner,

UV Insurance's simplified issue may be hiding some secrets you should know!

## The secrets of the Immediate

If the insured answers “**No**” to the first 15 questions of the **Express** (with an exception on question 1 on smoking which determines the premium on the question 9 on diabetes where both sub-questions must be answered “**No**” if the main question has been answered “**Yes**”), he is eligible for our permanent and term life insurance for amounts of \$150,000 or less.

To access \$150,001 or more in term life insurance, there are 10 additional eligibility questions with **Immediate**. The general principle is as follows: if the insured answers “**No**” to all questions, he is eligible and if he answers “**Yes**” to a question, he is not eligible for the **Immediate** and he is downgraded to the **Express**. Did you know that some questions answered “**Yes**” in the questionnaire for the **Immediate** may qualify your client for a standard premium or an adjusted premium?

## What is the adjusted premium?

The adjusted premium is an automatic offer of a rated premium for certain conditions, and this only with the **Immediate**:

- The adjusted premium is automatically offered in the electronic application for certain conditions described below provided that only one condition is answered “**Yes**”;
- More than one question answered “**Yes**” will result in a downgrade to the **Express** and the insured will have access to up to \$150,000 in life insurance;
- The adjusted premium cannot be revised as in regular underwriting.

## Medical condition giving access to the standard premium

Under certain conditions, the standard premium will be offered for the following medical condition:

- Family history of polycystic kidney disease

## Medical conditions giving access to the adjusted premium

Under certain conditions, the adjusted premium will be offered for the following medical conditions:

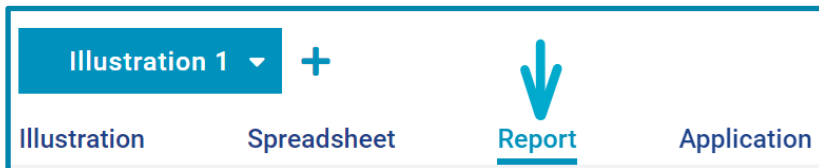
- |                                   |                                        |
|-----------------------------------|----------------------------------------|
| ▪ Transient ischemic attack (TIA) | ▪ Thyroid cancer                       |
| ▪ Stroke                          | ▪ Heart attack (myocardial infarction) |
| ▪ Aneurysm                        | ▪ Insertion of a tutor (STENT)         |
| ▪ Angina pectoris                 | ▪ Coronary artery disease              |
| ▪ Angioplasty                     | ▪ Pacemaker                            |
| ▪ Prostate cancer                 | ▪ Coronary artery bypass surgery       |



## Where can I find the adjusted premium?

The premium indicated in the illustration is the standard premium offered with the **Immediate** if the customer answers **"No"** to all questions.

You will find the adjusted premium in the illustration report:



Select **"include all pages"**. The adjusted premium can be found on page 3 – rounded to the nearest dollar:

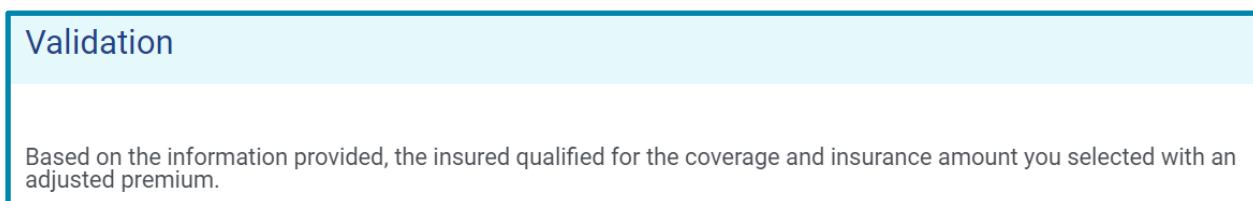
Standard Non-Smoker Premiums		
Age	Annual Premium	Monthly Premium
35	\$158.00	\$14
45	\$750.00	\$68
55	\$1,748.00	\$157
65	\$4,620.00	\$416
75	\$13,584.00	\$1,223
85	\$38,184.00	\$3,437
95	\$94,202.00	\$8,478

Adjusted* Non-Smoker Premiums		
Age	Annual Premium	Monthly Premium
35	\$254.00	\$23
45	\$836.00	\$75
55	\$1,862.00	\$168
65	\$5,080.00	\$457
75	\$14,428.00	\$1,299
85	\$39,962.00	\$3,597
95	\$97,224.00	\$8,750

## Process in the e-application

Once the questionnaire for the **Immediate** is validated in the electronic application, the following message will appear:



The electronic application will then bring you back to the summary of the illustration, allowing you to validate the adjusted premium and continue the application.



## Questions and answers to access the standard premium

### Question 7

Do you have a family history of any of the following conditions?

	Yes	No
a) Polycystic Kidney Disease?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>If yes, answer the question:</b>		
▶ If yes, have you undergone an investigation for this disease?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>If yes, answer the question:</b>		
▶ If yes, have you been diagnosed with polycystic kidney disease?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Questions and answers to access the adjusted premium

Individually, the answers “**Yes**” to the following questions offer an adjusted premium. However, the same combined answers, i.e. several “**Yes**”, will lead to a downgrade to the **Express** for a maximum of \$150,000.

### Question 1

In the last five (5) years, have you consulted, received care, been treated, diagnosed with or had symptoms of the following conditions?

#### 1-A

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



**1-B**

b)	Cerebrovascular accident (CVA)		Transient ischemic attack (TIA)		Aneurysm		Coronary artery disease	
	Yes	No	Yes	No	Yes	No	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>If yes, answer the questions:</b>								
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 checked="" type="checkbox"/> 4 - 5 years		<input checked="" type="checkbox"/> 4 - 5 years		<input checked="" type="checkbox"/> 4 - 5 years		<input checked="" type="checkbox"/> 4 - 5 years	
	Yes	No	Yes	No	Yes	No	Yes	No
Did you have more than one episode?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are you currently suffering from diabetes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**1-C**

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



**1-D**

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

**Question 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)?

**2-A**

	Yes	No
<b>If yes, answer the question a) and b)</b>		
a) Was it Thyroid cancer?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>If yes, answer these questions:</b>		
▶ Have you received chemotherapy or radiotherapy treatments?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
▶ Have you had one or many affected lymph node(s) and/or metastases?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**2-B**

	Yes	No
b) Was it Prostatic cancer?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>If yes, answer these questions:</b>		
▶ Has the Prostate Specific Antigen (PSA) returned to normal values?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
▶ Have you received chemotherapy or radiotherapy treatments?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
▶ Have you had one or many affected lymph node(s) and/or metastases?	<input type="checkbox"/>	<input checked="" type="checkbox"/>